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Project Report

**COORDINATED COMMUNITY RESPONSES  
TO DOMESTIC VIOLENCE  
IN SIX COMMUNITIES:  
BEYOND THE JUSTICE SYSTEM**

**SUMMARY**

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The past two decades have seen dramatic changes in the response to domestic violence in communities throughout the United States.’ In many communities, the justice systems have experienced a number of important changes in their laws and agency practices related to domestic violence. As a result, many justice systems now respond to domestic violence in ways that are more likely than in the past to hold batterers accountable and to support battered women. At the same time, social services for battered women have become more widely available with substantial growth in domestic violence hotlines and shelters.

Along with these changes, there is a growing awareness that the problem of violence against women is complex and requires responses that involve agencies and services beyond the justice and domestic violence service systems. A number of coordinated efforts have developed in recent years as some communities have moved beyond the changes in individual agencies to respond to domestic violence in a more comprehensive way. Early coordination efforts mainly focused on criminal justice agencies, but, in recent years, a “second generation” of responses has developed in some communities to include health care providers, child welfare agencies, substance abuse services, clergy and business. Some communities have also worked to involve the community as a whole in responding to domestic violence through prevention and education efforts aimed at raising awareness and reshaping attitudes about this issue. Many of these more expansive efforts are quite new; only limited information has been available about them and the broader contexts in which they have occurred.

This study examines coordinated responses to domestic violence in six communities: Baltimore, Maryland; Kansas City, Missouri; Carlton and Northern St. Louis Counties rural counties in Minnesota; San Diego, California; and San Francisco, California. Each of these communities has expanded their response to include a broad array of agencies beyond the justice system. Many of these efforts are in their early stages and do not provide definitive

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\*Throughout this report, domestic violence is generally used to refer to abuse (physical, verbal or emotional) of a woman by an intimate male partner (husband, ex-husband, current or former boyfriend). While women can also perpetrate violence in intimate relationships, this occurs less frequently than violence directed at women (Council on Scientific Affairs, American Medical Association, 1992). Domestic violence also occurs between intimate partners of the same sex.

answers about the best approach to coordination or the likely outcomes. However, the experiences of these communities raise a number of important issues for other communities to consider as they seek new and better ways to address this complicated problem.

### **Need for a Coordinated Response to Domestic Violence**

Each year more than two million women are seriously assaulted by their male partners (Council on Scientific Affairs, American Medical Association, 1992). Countless others suffer less serious physical abuse as well as verbal or emotional abuse. The needs of battered women and their batterers span several service systems, requiring interventions by one or more of the criminal and civil justice systems, social service, health or mental health agencies, and support systems for battered women and their families.

The criminal justice system has historically served as the main vehicle in a community's response to domestic violence. The National Crime Victim Survey found that 56 percent of women who had been victims of a violent crime committed by an intimate partner reported the incident to the police (Bachman, 1994). In recent years, the justice systems in many communities have implemented mandatory and probable cause arrest policies, and pro-prosecution (i.e., "victimless" prosecution) policies, which move to take the responsibility off the victim for determining whether or not to pursue legal remedies.

Battered women may also access domestic violence shelters and services instead of, or in addition to, criminal justice measures. The number of shelters and domestic violence services has grown tremendously, increasing from only a few shelters in the late 1970s to more than 800 a decade later (Gelles and Straus, 1988). Domestic violence programs frequently provide a number of services in addition to shelter, such as counseling, legal assistance, and advocacy. Despite their wider availability, shelter services are not used by most battered women. Gelles and Straus found that less than 2 percent of women who were *severely* abused reported seeking help from a battered women's shelter during the prior year, and no victims of *minor* violence sought help from shelters (Gelles and Straus, 1988).

The health care system often unwittingly provides another important source of services for battered women, although traditionally it has not played an active role in

identifying or intervening in domestic violence. Battered women seek treatment for traumatic injuries resulting from the abuse (e.g., bruises, cuts, broken bones, etc.), and for primary care complaints related to the abuse (e.g., chronic headaches, abdominal pains, sleeplessness, depression, etc.) (Council on Scientific Affairs, AMA, 1992). Research indicates that more than one-fifth, and perhaps as many as one-third, of women receiving care in hospital emergency departments have symptoms related to domestic violence (Council on Scientific Affairs, AMA, 1992). Women seeking health care may not be connected to other services for the domestic violence. Thus, the health care system serves as an important intervention point for battered women who are not being served by other systems. In recent years some health care providers have become increasingly aware of this issue and have developed policies to screen for domestic violence and to intervene in these cases.

Other service systems such as alcohol and drug treatment programs, child protective services, and programs for the homeless are also very likely to have clients who suffer from domestic violence, and may also have clients who are perpetrators. At this time, these systems are even less likely than health care systems to screen for domestic violence among their clients, or to intervene and offer services if domestic violence issues become apparent. However, some communities are beginning to incorporate one or more of these systems into the domestic violence service network. Some sites in this study are also expanding their network to include businesses, clergy, and the larger community.

As communities draw in different kinds of services, they will face challenges in integrating these new services into the existing network. They will also encounter issues related to the fact that the clients of these newly-integrated services are likely to have different attitudes and motivations than the women who traditionally have sought shelter and other domestic violence services on their own. This report describes some of the experiences that communities have faced as they strive toward a coordinated response to domestic violence.

## **Description of the Study Communities**

### *Baltimore, Maryland*

The coordinated response to domestic violence in Baltimore centers around the Domestic Violence Coordinating Committee (DVCC), which was created in 1985. DVCC members include senior staff from criminal justice agencies, judges, and representatives from the House of Ruth (the city's only domestic violence shelter and service provider), and the Sexual Assault Center. The DVCC has several subcommittees that address specific issues and a Workgroup for frontline workers to identify impediments to coordination and to learn about policy changes in other agencies..

The criminal justice response in Baltimore is characterized by special units and staff to handle domestic violence cases in each of the primary criminal justice agencies. The House of Ruth is widely recognized as the only agency that specifically provides comprehensive domestic violence services, and other agencies typically refer battered women there for services. Coordination among other social service and health care providers around domestic violence issues is not well-developed, and there is no coordinating body for these providers. The House of Ruth and Child Protective Services have a "good faith agreement" to work together, although it does not define a protocol for interagency case management. Recently, the Baltimore City Health Department, Sinai Hospital, and Healthy Start (a program to address health issues among pregnant women and mothers with young children) have all begun developing screening protocol and interventions for domestic violence.

### *Kansas City, Missouri*

Coordination activities in Kansas City stem largely from the leadership and initiative of a few key people in the community, rather than the ongoing work of a coordinating committee. Project Assist, a program of Legal Aid of Western Missouri, played a leading role in systems advocacy, but in recent years, it has been less active in promoting systems change and has focused on providing legal services to battered women.

Historically, most domestic violence arrests in Kansas City have been prosecuted as a violation of a city ordinance, although the city has recently emphasized increasing the **number of misdemeanor and felony charges. Special domestic violence units have been**

formed in the police department, and the City and County Prosecutors' Offices. The Civil Circuit Court and Kansas City Municipal Court both have consolidated dockets for domestic violence, and the Criminal Circuit Court has a consolidated docket to arraign domestic violence cases. While staff at the various criminal justice agencies interact through their work, they do not meet regularly as a group to discuss specific coordination needs.

The metropolitan Kansas City area has six domestic violence shelters. In 1989, the shelters formed the Domestic Violence Network (DVN), a not-for-profit organization, to improve coordination among themselves. To date, their efforts have focused primarily on developing a shared hotline and an integrated computer system. Substance abuse services are a part of the community's response to domestic violence. One shelter operates its own inpatient substance abuse program, and another shelter works closely with a community substance abuse provider. Recently, two projects have been established to serve battered women in health care settings. Project Bridge at Truman Medical Center provides advocacy services for battered women referred by the emergency room, and the Phoenix Project at Children's Mercy Hospital serves battered women who bring their children in for care.

#### *Carlton County, Minnesota*

Carlton County has at least five groups with missions that include domestic violence, either specifically or as part of a broader focus on violence. Leadership for Carlton County's efforts has come from Rural Women's Advocates (RWA) and Mending the Sacred Hoop (MSH), which have recently joined forces to coordinate their efforts where possible. RWA was started by several women in the community, some of them former victims, to help women in rural and isolated Carlton County. MSH grew directly out of the Domestic Abuse Intervention Project (DAIP) in Duluth and specifically targets victims and offenders on the Fond du Lac reservation.

Carlton County's small population size and the limited number of staff in the various law enforcement agencies precludes staff specialization for domestic violence, and to date, there are no specialized domestic violence units in any of the agencies we interviewed. The advocates from MSH and RWA, many of whom are volunteers, are the only domestic violence specialists in the community. The nature of the inter-agency interaction in Carlton County

is relatively informal, except for a memorandum of understanding that was signed by all participants in MSH. In this small rural area, many people know each other personally, which facilitates informal relationships. Also there is less bureaucracy in agencies, which gives them more flexibility to interact.

*Northern St. Louis County, Minnesota: The Iron Range*

Two organizations are key to the development of the coordinated community response to domestic violence on the Range-the Range Women's Advocates (RWA), and the Family Violence Council. RWA provides services and advocacy for battered women, offers educational activities to schools and community groups, and serves as a unifying conduit for issues and concerns of how formal systems treat battered women. The RWA also runs the Range Interventions Project (RIP) which focuses on getting all elements of the criminal justice system to respond appropriately to domestic violence, and does training, protocol development, system integration, and monitoring with and for criminal justice agencies. In the past year, RWA has worked to expand the response to include clergy. The Family Violence Council's mission is to reduce all forms of family violence. "All players" participate, including schools, social services, health professionals, chemical dependency treatment providers, representatives of the business community, and women who have been battered as well as RWA/RIP and all criminal justice agencies.

*San Diego County, California*

The DV Council in San Diego County was begun by shelter advocates and staff from the District Attorney's Office to reduce and prevent domestic violence by enhancing the response of primary service providers and increasing public awareness. The DV Council enjoys representation from throughout the county and currently functions through a network of subcommittees. The interactions through the DV Council have lead to many effective working relationships and a great deal of informal coordination in San Diego County.

In San Diego, the police, the City and District Attorney's Offices, probation, the Children's Services Bureau, and the South Bay Municipal Court all have specialized domestic violence units. Specialized staff participate in the DV Council and its various subcommittees, giving them the opportunity to network with other community service



providers. Child welfare services and health care providers have also been part of the community's response. The Family Violence Project is a collaborative effort between the probation department and the Children's Services Bureau in which staff work together to co-manage high risk cases where domestic violence offenders are on probation and children are present in the probationer's home. Local hospitals have implemented responses and recently trained health care providers throughout San Diego which has facilitated increased involvement of other health care providers in the community's effort.

#### *San Francisco, California*

San Francisco's response is characterized by a well-established and comprehensive network of agencies that work together on domestic violence issues. A broad range of stakeholders participates in the coordination efforts including many social service, health care and law enforcement agencies, the courts, the media and private citizens. The Family Violence Prevention Fund (FUND), a non-profit organization that focuses on domestic violence education, prevention and public policy reform, provides a strong advocacy presence, and together with domestic violence shelters and service providers has provided sustained leadership and initiated many collaborative efforts. Throughout the years, a number of domestic violence coordinating bodies have been formed, which have facilitated interactions among agencies, created widespread institutional change, and developed a service system that is responsive to the diverse needs of battered women.

Coordination related to domestic violence takes a variety of forms in San Francisco including joint trainings, formal service contracts between providers, and co-location and co-management of programs. Given the long-term collegial relationships among the various providers, a great deal of informal coordination takes place as well with agencies contacting one another directly to address specific problems. Health care providers have recently begun to play a larger role in the community's response due to the FUND's health care project to provide resource materials to health care providers. San Francisco General Hospital has implemented a response for domestic violence and public health and community clinics are beginning to develop responses as well. Other recent efforts in San Francisco seek to mobilize community rather than institutional responses to domestic violence through education and outreach efforts.

## **Creating and Maintaining a Coordinated Response**

The fundamental changes that have occurred in the way each of the study communities responds to domestic violence came about through different means, but in every site, changing the response has been a process which has taken place over a long period.

### *Key Events*

Key events in a community can draw attention to deficiencies in the system and raise public awareness. In three communities (San Diego, San Francisco, and Kansas City), tragic or high profile domestic violence cases served as a catalyst for change and prompted collaborative efforts to prevent future tragedies. In some cases, events were created to draw attention to domestic violence issues, such as the Court Watch in Kansas City and the Domestic Violence Summit organized by the DVCC in Baltimore, both of which prompted changes in the criminal justice response in these communities.

### *Leadership*

Leadership came from different sources across the sites, but in every site, it was an important factor in the extent of the changes and the ease with which they were made. In most of the communities, senior agency staff served as leaders both for their own agency's efforts and for the broader community. Senior staff often served on coordinating committees and made decisions on behalf of their agency. In three communities (Baltimore, Kansas City and San Francisco), domestic violence was a priority for the city's mayor, although the mayor's hands-on involvement was often limited by competing issues. Heads of criminal justice agencies supported changes in many of the communities, but often did not play an active leadership role. Individual judges played leadership roles in Baltimore, Kansas City, and San Diego. Strong leadership from the state of Minnesota influenced the changes in both Northern St. Louis and Carlton Counties.

Leadership from non-justice agencies can be equally important to ensure consistency in the efforts when elected or appointed officials change and to keep attention focused on the issue over time. In every community, a great deal of change was motivated by domestic violence advocates. Former victims of domestic violence also facilitated change in several of

the communities. While strong leadership is important to ensure that a community's coordination efforts move forward, the loss of key people working on an issue can affect the momentum of the community's efforts. Thus, communities are challenged to create an effort that is not driven by individual people.

### *Coordinating Committees*

Every community in this study had at least one coordinating committee for domestic violence, and a couple of communities (Carlton County and San Francisco) had multiple coordinating groups. In every site except Kansas City, a coordinating group has existed for nearly a decade or more. Some of the coordinating committees were established to address a specific problem, while others were created to address domestic violence more broadly. Committee membership included a wide range of representatives in San Francisco, San Diego, and in Carlton and Northern St. Louis Counties. In these sites, the coordination efforts tend to focus on a broad range of activities. In Kansas City and Baltimore, the coordinating committees are more narrowly focused on criminal justice issues, although Kansas City has another coordinating committee for the area's shelters. Across the sites, committee members often are an identifiable group of domestic violence experts for the community, and interact regularly with other agencies and stakeholders through their involvement in the group. This process provides an opportunity for agencies to share information about ways to improve their roles, and facilitates referrals to services for battered women.

### *Advocacy*

Advocates play an important role in promoting change, since, unlike other players who often deal with many competing interests, they have a single purpose and can keep attention focused on domestic violence. While the advocacy models differed across the sites, there was a great deal of dialogue and interaction between advocates and criminal justice agencies in every site. In San Francisco, for example, the FUND's philosophy is to involve the targeted agency (ies) in their efforts, and as a result, advocates and criminal justice agencies work closely and cooperatively. Advocates sometimes face a conflict between advocating for changes and maintaining relationships with other agencies. For example, in one instance, the House of Ruth in Baltimore publicly released criminal justice agencies'

statistics from a DVCC meeting without their consent. Since then, these agencies have become reluctant to share information.

Advocates also influence the process on behalf of individual battered women. In several sites, criminal justice agencies employ victim advocates who serve both the victim and the agency. In other cases, victim advocacy was provided by an independent source and focused solely on the needs of the victim. Several sites (Baltimore, Kansas City and San Diego) have programs to provide advocacy services to battered women referred by health care professionals in hospital emergency rooms. In two sites (Kansas City and San Diego) domestic violence advocacy programs have located in children's hospitals to serve battered women with children.

### *Changing the Environment*

Over the past two decades, there has been a dramatic shift in awareness and attitudes among the professions that deal with domestic violence and within the community-at-large. Many respondents across the sites felt that this was an important factor in their community's ability to implement changes in their response to domestic violence. Many of the communities have changed standard policies and practices to improve the way professionals routinely respond to domestic violence, a shift which has been reinforced through domestic violence training. Ongoing training helps to maintain these improvements over time by reinforcing the protocol for domestic violence cases and keeping awareness raised about the issue.

Changing community norms about domestic violence may also contribute to the stability of a community's response, and a couple of communities were actively involved in public awareness campaigns to raise awareness about this issue. For example, San Diego's DV Council recently launched a major public awareness campaign that includes billboards and bus kiosk posters. In San Francisco, the FUND has several efforts to mobilize communities to be part of the domestic violence response and to promote community sanctions for domestic violence. For example, one project seeks to reframe cultural norms within the Filipino community through culturally-appropriate messages.

## **Mechanisms for Systems Change: Features and Outcomes**

### *Specialized Staff*

In every community except the two rural sites in northern Minnesota, a majority of the criminal justice agencies designate specialized staff or units to handle domestic violence cases. Specialization enables a group or individual within the agency to become domestic violence experts and to gain considerable experience in handling these cases. In smaller communities, specialization is usually not feasible because the number of domestic violence cases is often too small for even a single staff person to specialize, as was the case in both communities in Minnesota.

All of the larger communities designate special police units or staff to domestic violence cases, and in every site except Baltimore, the police have a centralized investigative unit for domestic violence. All of these communities also have vertical prosecution units for domestic violence cases, whereby the same prosecutor handles the case throughout the process. Prosecutors who specialize in domestic violence gain experience in prosecuting domestic violence cases in which the victim is frequently uncooperative and, at times, hostile. Two sites (Baltimore and San Diego) have special domestic violence probation units, and a third site (San Francisco) plans to begin a special probation unit shortly. Baltimore was the only community with specialized staff in Pre-Trial Release Services. Specialization in the court system is less common across the sites, with consolidated dockets for protection orders being more common than for criminal cases. The larger communities all have a consolidated docket or calendar for protection orders. Only two sites (Kansas City and San Diego) currently have any specialization within the courts for criminal domestic violence cases, although Baltimore plans to establish a Domestic Violence Court in the near future. Minnesota has integrated its court system, to incorporate civil, criminal, and juvenile courts, which makes it possible for a judge in one court to access information from proceedings in other courts.

### *Training*

Across the sites, people stressed the importance of ongoing training for all organizations involved in responding to domestic violence, and for staff at all levels within

these organizations. Many people we spoke with felt that one of the greatest benefits to coordination was the cross-training that results from these efforts. Such training gives people a better understanding of their role within the overall system and an opportunity to learn about domestic violence from different perspectives. A lot of education and sharing of information occurs informally in these sites due to the interaction between the various agencies. There are also a number of examples of formal cross-agency training. In many of the study communities, advocates provided a great deal of training for criminal justice agencies, and criminal justice agencies trained each other and other organizations. In cross-training, many people felt that it was important to include someone from the agency being trained on the training team, since some organizations are resistant to training by outsiders. Several communities have adopted a “train the trainer” approach, which trains supervisors or a small group of staff to serve as “trainers” for other staff in their organizations. This approach can reduce training costs associated with bringing in an outside training expert or sending a large number of staff to an outside training.

#### *Laws and Policies*

In general, all of the sites in this study are moving closer to pro-active arrest and prosecution policies, which seek to take the responsibility off the victim for determining whether or not to pursue legal remedies. Most of the jurisdictions we visited had a mandatory or preferred arrest policy for domestic violence, which *require* police officers to arrest a perpetrator under certain conditions. Many prosecutors in this study have adopted pro-prosecution or “victimless” prosecution policies, and will proceed with a case if there is sufficient evidence, regardless of whether or not the victim cooperates. A number of prosecutors will subpoena a reluctant victim and some will even issue a body attachment (i.e., warrant for her arrest). Protection orders are an important part of the response to domestic violence in many communities. However, there were some key differences across the sites in who is eligible for a protection order and what other issues can be addressed in the order (i.e., child custody and child support). The sites also differed in whether or not the prosecutors will seek orders without the victim’s consent.

In recent years, there has been a push to expand the role of health care providers in **responding to domestic violence. The Joint Commission on the Accreditation of Hospitals**

now requires emergency rooms to have a protocol for domestic violence screening, and some states have implemented laws requiring health care providers to report domestic violence to law enforcement agencies. The health care response has also been influenced by broader policy changes in the health care system. For example, in two sites (Baltimore and San Francisco) respondents reported that it was becoming increasingly difficult for battered women to access publicly-funded mental health services due to the shift to managed care.

## **Opportunities Beyond the Justice System and Future Directions**

### *Health Care Providers*

While the health sector programs in the study communities are relatively new and many are not fully implemented, they provide interesting examples of integrating health care providers into the community's response. Hospitals in four sites (Baltimore, Kansas City, San Diego, and San Francisco) have formulated protocol to screen for and respond to domestic violence. These programs began largely in hospital emergency rooms, but many have considered expanding to other departments such as obstetrics and psychiatry. In many of the sites, people felt that one of the key factors discouraging health care providers from screening for domestic violence was uncertainty about what to do if they identified it. The hospital-based programs in these communities have developed protocol for health care professionals to use if a case is screened positive for domestic violence. In general, the programs provide advocacy and crisis intervention services to battered women in the hospital, often referring them to other services in the community. Sinai Hospital in Baltimore has considered expanding its own capacity to provide services and plans eventually to offer its own support groups for battered women.

Two sites (San Diego and Kansas City) have programs located in children's hospitals to provide services to battered women with children. Public health clinics in two of the sites (Baltimore and San Francisco) have begun to develop domestic violence screening protocol, but they have not yet been implemented in either of these sites. Baltimore's Healthy Start Program is also developing a protocol to screen program participants for domestic violence. These providers have the potential to identify far more battered women than come to emergency rooms, and they may be able to link battered women with domestic violence

services much earlier than would otherwise be true. However, the women may not yet be ready to use these services, which can be frustrating to the health professional.

### *Child Protective Services*

Several communities around the United States are beginning to focus on the overlap between child abuse and domestic violence, as reported in Aron and Olson (1996).<sup>2</sup> In many of the communities in the present study, respondents noted that child welfare agencies and domestic violence service providers historically have had different philosophical orientations that have strained relations and impeded coordination. Of these communities, only San Diego has established a formal link with child protective services in responding to domestic violence. San Diego has a special unit combining probation officers and child protective workers that seeks to reduce the risk to children in households where a domestic violence offender is on probation for a felony. In Baltimore, the House of Ruth and Child Protective Services have a “good faith agreement” which reminds them to respect each other’s goals, but does not define protocol for them to work together. In the remaining sites, child welfare agencies were not a key part of the response to domestic violence. There appears to be a need for increased dialogue between these agencies to develop an understanding of and respect for each other’s roles and responsibilities in order for coordination to take place.

### *Clergy and Community-Based Providers*

Clergy can also play a role in a community’s response by changing the climate of public acceptance for battering and in becoming a source of *supportive* pastoral counseling for battered women. A couple of sites have tried to involve clergy in the community’s response. RWA in Northern St. Louis County has begun to explore avenues to reach clergy and bring them into the community’s response and recently held a series of workshops on domestic violence for clergy. Shelters in Kansas City and San Francisco have done outreach with religious organizations in their communities to build relationships with these groups.

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<sup>2</sup> The Aron and Olson study, which was a companion study to the present one, describes a number of these efforts.



### ***Drunk Driving and Other Chemical Dependency Programs***

The sites in the study provide a couple of examples of the ways to include substance abuse services in the response to domestic violence. In Baltimore, for example, a nonprofit substance abuse provider operates a program for batterers who are chemically dependent and may not be able to participate in traditional intervention programs. This program also addresses domestic violence in its support group for chemically dependent women. Substance abuse services were also a part of the network of services in Kansas City where one shelter operates its own inpatient substance abuse program. In most of the other communities, coordination with substance abuse services was more informal and occurred on a case-by-case basis.

### ***The Business Community***

The business community offers another avenue to help reduce violence against women, both in their role as community opinion leaders and in their capacity as service providers through employee assistance programs, health insurance, and other benefits. In Northern St. Louis County, both RWA and the chief judge's Anti-Violence Council are beginning to work with business leaders to stimulate their involvement in both of these ways. Baltimore's DVCC is funding a manual for employers on violence against women in the workplace to raise awareness about the issue in their community. In San Francisco, the Domestic Violence Consortium established Partners Ending Domestic Abuse, a group of professional women, to raise private donations for domestic violence.

### ***Batterer Intervention Programs***

There are many batterer intervention programs in this country, but, at present, there is widespread uncertainty about their effectiveness in changing batterer's behavior. Batterer intervention programs were a part of the response in every community, but the program features varied widely across the sites. For example, in the sites we visited, programs ranged from 12 to 52 weeks in length, and varied in their approaches and staffing. The communities also differed in their approaches to ensuring batterer compliance. Most of the communities, however, struggle with compliance issues.

### *Evaluating the Impact of Coordinated Community Response*

As communities develop new ways to respond to domestic violence, there is a need for information on different approaches and their impacts. Efforts to coordinate community responses could be assessed or evaluated on two different levels. The first is similar to the present study—a qualitative assessment of the response in different communities. One could also identify the goals of the coordination efforts and collect data to measure the extent to which the effort had achieved these goals. None of the communities in this study had information systems that would allow this type of rigorous analysis of the impacts of the coordination effort. Several communities are working on developing new data systems to improve their information about these cases, but none of these systems is likely to collect integrated and comprehensive data about the outcomes for domestic violence cases.

### **Summary and Conclusions**

This study describes how six communities have brought about changes in their response to domestic violence, largely within the justice systems. It also provides several examples of how these communities have begun to move beyond the justice systems to incorporate a broader number of organizations and stakeholders. Many of these efforts to expand the response are relatively recent and, in many cases, are still developing. While the findings of this study do not provide definitive answers about the best approach to a coordinated response, they raise a number of important issues for agencies and stakeholders within a community to consider.

### *Issues for Criminal Justice Agencies*

A strong community response to domestic violence requires that each part of the criminal justice system has appropriate policies that are followed in practice. Many of the justice agencies in the study communities developed their policies through discussions with other justice agencies and domestic violence service providers to ensure that the policies were appropriate and compatible with other agencies' procedures. Establishing this rapport may be difficult in communities where relationships among justice agencies or between justice agencies and domestic violence service providers are not well-developed or even, at times, antagonistic. However, the interaction among these agencies in the study communities was an important part of the process of developing a coordinated response.

Consistency in handling domestic violence cases is important to ensure that victims are protected, batterers are punished, and that no one falls through the cracks. Improvements that rely on behavior and attitude changes on the part of a few people working within the criminal justice system are unlikely to improve the response systemwide and may not be sustained over time. Agencies must adopt policies and procedures that ensure that everyone responds appropriately in every case, and reinforce these changes through ongoing training.

Criminal justice agencies can and do play a role in assisting victims. Their primary focus traditionally has been on the perpetrator, and expanding their roles to address victims' needs often requires individuals in these agencies to rethink their roles and responsibilities in responding to domestic violence cases. Some of the study communities have adopted policies that include attention to the victim as a standard part of their response. For example, police in some jurisdictions routinely provide information to the victim about her rights and available resources. In some communities, police and probation follow up with victims to serve as a resource and source of support, and often improve their ability to carry out their law enforcement roles through these actions.

In the sites with specialized staff, many respondents felt that the specialization had improved the criminal justice response. Working in the area of domestic violence is not for everyone, since many people become frustrated when the victim is unwilling to cooperate or remains in the abusive relationship. It is important to have people dealing with these cases who are aware of and sensitive to these issues, and do not turn their frustrations back on the victims. While specialization of staff can improve the ultimate response to domestic violence, it is often not sufficient by itself, since others in the agency still come into contact with domestic violence victims and issues. Agencies that limit their efforts to improve the response to specialized staff risk complacency on the part of other staff. Training and policies should support an effective response by *everyone* in the agency,

#### *Issues for Domestic Violence Service Providers and Advocates*

The experience of traditional domestic violence service providers and other agencies in the communities we visited suggests that both can benefit from collaborative work.

Traditional battered women's service providers do not serve every woman who experiences battering in their community, and other agencies can contribute to making services and supports available to a wider range of women who need them. In some of the communities, relationships between domestic violence service providers and other agencies are strained and distrustful. It is important for domestic violence service providers to explore ways to involve ever more sectors in the work of ending domestic violence, and to work with them to define and reach mutual goals.

If they have not already done so, domestic violence service providers need to build relationships with providers of other services or representatives of other community sectors. In the process, domestic violence service providers can learn about other agencies' clients, policies and constraints. They can also examine ways that other agencies' talents and skills can complement and augment their own. Traditional domestic violence service providers can develop ways to translate their knowledge from extensive experience into policies and procedures that other providers can understand and follow. It is possible that traditional domestic violence service providers and other agencies can develop cooperative service arrangements that keep all of their agencies growing, or a system of cross-referrals that takes advantage of all of their strengths.

In many communities traditional domestic violence providers and advocates have learned how to work with representatives of the key public systems to improve their response to domestic violence. As they have done this, they have had to develop new and effective ways to convey their message and to have its implications accepted by justice and other agencies. They have also learned about the constraints and requirements of these agencies, to appreciate the jobs that these agencies are mandated to do, and to help the agencies modify their behavior to be more supportive of victims in ways that complement the agencies' completion of their own primary tasks. Doing so has taken some creative thinking; the need for such thinking is just as great as new agencies are brought into the network of services that seek to help battered women.

The challenge for traditional domestic violence providers and advocates is to use their background, knowledge, and motivation to extend current understandings to **an even deeper**

level as they encounter women in circumstances where they are not yet ready to seek help from the network of traditional domestic violence services. These new understandings must then be applied to helping the agencies serving these women and their children (e.g., health care, child protection, or substance abuse agencies) to incorporate a concern for domestic violence issues into their standard practice in ways that support the women and further their safety and well-being.

*Issues for Other Health Care Providers, and **Other Agencies** and Stakeholders*

To formulate a broad coordinated response, a range of agencies in a community must work together to identify agency service strengths and weaknesses, as well as complete gaps in the system of available services. To begin to address domestic violence among its client population, an agency must develop screening protocols to identify women who experience battering. Then, these agencies must work out arrangements whereby agencies agree to provide services that they are best at, and to develop and use an efficient and effective referral system to get clients to the best agency to help them. Agencies must also work together to decide which agencies should assume the task of developing new services to fill identified gaps.

In addition to considering agency strengths, it is also important to think about where women are most comfortable going, and the context in which they will be most likely to accept and benefit from services. This is particularly pertinent for ethnic and language minority women, who may be best served by agencies in their own communities or in agencies that serve primarily women from their ethnic or cultural background. The goal should be that any agency to which a woman turns for help, or which identifies a woman as needing help, should be able to help her without having to send her somewhere else where she may feel culturally alien, or where she may not be ready for the types of services available.

It is important for agencies to recognize that there is a lot to know about working with domestic violence victims, and that using the available expertise of domestic violence providers and advocates can result in better services and save them some needless mistakes. It can also help their staff to feel safe, avert burnout, and learn how to apply abstract

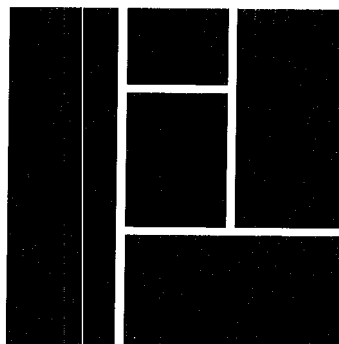
principles in concrete cases. At the same time, working together can create new allies rather than perpetuating old antagonisms. In many of the situations we learned about on our site visits, agencies that joined forces with the traditional domestic violence providers found that both grew and learned useful things in the process that improved agency practice in both agencies to better meet the needs of clients.

### ***Issues for the Community***

A community's response to domestic violence should take into account the fact that not all battered women come into contact with or seek services from any agencies. To address the needs of all battered women requires a response that includes every member of the community. In this way, a community's response may have an impact on even the most isolated battered woman. Raising the community's awareness and reshaping social norms around this issue so that *everyone* plays a role in condemning domestic violence and supporting battered women is the critical basis for widespread and permanent changes. Widespread education and prevention activities were used in some of the study sites to involve the larger community in the response to domestic violence. These efforts are an essential part of a coordinated response. The ability to respond to domestic violence is not limited to service agencies and providers; clergy, employers, and neighbors can and should all play a role.

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**Project Report**



**COORDINATED COMMUNITY RESPONSES  
TO DOMESTIC VIOLENCE  
IN SIX COMMUNITIES:  
BEYOND THE JUSTICE SYSTEM**

**FINAL REPORT**

**October 1996**

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## TABLE OF CONTENTS

### CHAPTER 1

INTRODUCTION .....	1
Diversity of Service Needs .....	3
Issues in Developing a Coordinated Community Response .....	5

### CHAPTER 2

STUDY DESIGN....."	7
Site Selection .....	1
Identifying the Sites .....	10
Site Visit Procedures .....	11

### CHAPTER 3

DESCRIPTIONS OF COMMUNITY RESPONSES .....	13
Baltimore, Maryland .....	14
Kansas City, Missouri .....	33
Two Rural Communities in Minnesota:	
Carlton and Northern St. Louis Counties .....	53
San Diego County, California .....	72
San Francisco, California .....	86

### CHAPTER 4

CREATING AND MAINTAINING CHANGE .....	104
Key Events .....	104
Leadership .....	106
Coordinating Committees .....	109
Membership .....	109
Features and Activities .....	110
Advocacy .....	114
Systems Advocacy.. .....	114
Individual Case Advocacy .....	115
Institutionalizing the Response and Maintaining the Commitment .....	117
Keeping the Momentum .....	117
Changing the Environment .....	118
Funding Issues .....	119
Changes Beyond the Criminal Justice System .....	119
Issues for Rural Communities .....	120

## CHAPTER 5

<b>MECHANISMS FOR SYSTEMS CHANGE: FEATURES AND OUTCOMES.</b>	<b>122</b>
<b>Specialized Staff and Units</b>	<b>122 2</b>
Police	124
Prosecution	125 5
Probation and Pre-Trial Release Services	126
Courts	127 7
Specialized Individuals and Programs	129
Issues Concerning Specialization	129
<b>Training</b>	<b>131 1</b>
New Staff and In-Service Training	131
Cross-Training	132
Training the Trainers	133
Other Training Opportunities	134
<b>Laws and Policies In Theory and In Practice</b>	<b>134</b>
<b>Arrest and Prosecution Policies</b>	<b>134</b>
<b>Removing the Burden From Battered Women</b>	<b>136</b>
<b>Holding Batterers Accountable</b>	<b>138</b>
Assuring Compliance with Orders	138
Batterer Intervention Programs	139
<b>Health Care Providers</b>	<b>140</b>

## CHAPTER 6

<b>OPPORTUNITIES AND FUTURE DIRECTIONS</b>	<b>142</b>
<b>Missing Links and Windows of Opportunity</b>	<b>142</b>
Health Care Providers	142
Child Protective Services	145
Clergy and Community-Based Providers	147
Drunk Driving and Other Chemical Dependency Programs	148
The Business Community	149
Batterer Intervention Programs	150
<b>Issues Related to System Location and Commitments</b>	<b>151</b>
Population Coverage and Approaches	151
Staffing, Staff Location, and Staff Loyalties	152
<b>Evaluating the Impact of Coordinated Community Response</b>	<b>153</b>

## CHAPTER 7

<b>SUMMARY AND CONCLUSIONS</b>	<b>155</b>
--------------------------------	------------

<b>REFERENCES</b>	<b>165</b>
-------------------	------------

## **LIST OF EXHIBITS**

Exhibit 2.1	Site Selection Criteria. . . . .	9
Exhibit 5.1	Use of Specialized Staff, Units and Dockets for Domestic Violence. ....	123

## **CHAPTER 1**

### **INTRODUCTION**

The past two decades have seen dramatic changes in the response to domestic violence in states and communities throughout the United States.’ To date, a great deal of the change has occurred within the criminal and civil justice systems. In many communities the justice systems have experienced a number of important changes in their laws and agency practices related to domestic violence. As a result many justice systems now respond to domestic violence in a way that is more likely than in the past to hold perpetrators accountable and to protect and support battered women. At the same time, social services for battered women have become more widely available with substantial growth in domestic violence hotlines and shelter services, and batterer intervention programs have been developed and made available in many communities. While problems of execution and service availability still remain even in the most progressive jurisdictions, shifts in public knowledge and attitudes have occurred that, at the local level, seem to support better responses to domestic violence in many communities.

There is also a growing awareness that the problem of violence against women is complex and requires comprehensive service responses involving agencies and services beyond the justice systems. A number of coordinated efforts have grown up over the recent past, as some communities have moved beyond changes in individual agencies, usually those in the justice systems, to respond to domestic violence in a more comprehensive and coordinated way. Many of the early efforts focused on coordination among agencies within the criminal justice system, or between these agencies and domestic violence service providers. In recent years, however, a “second generation” of coordinated responses has developed as some communities have expanded their efforts to include a broader array of agencies and stakeholders, including health care providers, child welfare agencies, substance

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‘Throughout this report, domestic violence is generally used to refer to abuse (physical, verbal or emotional) of a woman by an intimate male partner (husband, ex-husband, current or former boyfriend). While women can also perpetrate violence in intimate relationships, this occurs less frequently than violence directed at women (Council on Scientific Affairs, American Medical Association, 1992). Domestic violence also occurs between intimate partners of the same sex.

abuse services, clergy, and business. Some communities have gone a step further and worked to involve the community as a whole in responding to domestic violence through prevention and education efforts aimed at raising community awareness and reshaping attitudes about this issue. Many of these more expansive efforts are quite new; only limited information has been available about them and the broader community and legal contexts in which they have occurred.

This report presents the results of a project to examine coordinated community responses to domestic violence, with a special focus on communities that are trying to incorporate into their response services and stakeholders beyond the justice system. The study was designed to understand the different approaches taken to coordinating a response and how these have developed not only in relation to the needs of battered women but in the context of other policy influences. All of the communities in the study have coordination efforts dating back a number of years that began with the criminal justice system and, in many cases, with domestic violence service providers or advocates. These communities' efforts to expand their response to include other agencies or stakeholders are more recent and much less developed than their criminal justice response. This study describes how the communities coordinate criminal justice responses and examines the issues that they have encountered as they have begun to move beyond the justice systems. Since most of these efforts are in their early stages, the findings do not provide definitive answers about the best approach to broad coordination or the likely outcomes. The study does, however, raise a number of important issues for communities to consider as they seek new and better ways to address this complicated problem.

This report is organized as follows. Chapter 2 describes the study design including site selection and site visit procedures. Chapter 3 provides descriptions of each community's efforts, including the history, features and outcomes of the coordination. Chapters 4, 5 and 6 discuss important cross-cutting issues about how the sites created change, the mechanisms they used, and opportunities for further efforts. The report concludes with a summary of the important issues for communities and various agencies to consider in coordinating a response to include a broad range of organizations and stakeholders. The remainder of this

chapter provides a brief discussion of the diversity of the service needs of battered women and batterers and issues involved in developing a coordinated response.

### **Diversity of Service Needs**

Each year more than two million women are seriously assaulted by their male partners (Council on Scientific Affairs, American Medical Association, 1992). Countless others suffer less serious physical abuse as well as verbal or emotional abuse. The needs of battered women and their batterers span several service systems, and may require interventions by one or more of the criminal and civil justice systems, social service, health, or mental health care agencies, and support systems for battered women and their families.

Battered women sometimes seek relief through the criminal justice system, which historically has served as the main vehicle in a community's formal response to domestic violence. The National Crime Victim Survey (NCVS) found that 56 percent of women who had been victims of a violent crime committed by an intimate partner reported the incident to the police (Bachman, 1994). Women have different reasons for contacting law enforcement agencies. In the NCVS, half of the victims of domestic violence called on law enforcement as a means to punish the perpetrator while 28 percent wanted to stop the violence or prevent it from occurring again (Bachman, 1994). In recent years, the criminal justice system has moved toward a proactive approach in which the response to domestic violence is not dependent on the victim's participation. Mandatory arrest, probable cause arrest, and pro-prosecution (i.e., "victimless" prosecution) policies are efforts to take the responsibility off the victim for determining whether or not to pursue legal remedies. The relief available through the civil justice system has also improved in some communities with changes in the use of and remedies available through protection orders.

Battered women may also access domestic violence shelters and services instead of, or in addition to, criminal justice measures. Until the late 1970s, few shelters or services existed specifically for domestic violence. A decade later there were more than 800 shelters for battered women in the United States (Gelles and Straus, 1988). These programs frequently provide a number of services in addition to shelter, such as counseling, legal assistance, and advocacy. Despite their wider availability, shelter services are not used by

most battered women. Gelles and Straus found that less than 2 percent of women who were severely abused reported seeking help from a battered women's shelter during the prior year, and no victims of minor violence sought help from shelters (Gelles and Straus, 1988). A couple of factors may contribute to the small proportion of women using shelter services. In many communities, the services may be inadequate to serve all battered women who request services from the shelter (Gelles and Straus, 1988 and Council on Ethical and Judicial Affairs, AMA, 1992). Also, leaving the abuser and going to a shelter, or seeking help in obtaining a protection order are major decisions used as a last resort by many women.

The health care system often unwittingly provides another important source of services for battered women, although traditionally it has not played an active role in identifying or intervening in domestic violence. Battered women seek treatment for traumatic injuries resulting from the abuse (e.g., bruises, cuts, broken bones, etc.), and for primary care complaints related to the abuse (e.g., chronic headaches, abdominal pains, sleeplessness, depression, etc.) (Council on Scientific Affairs, AMA, 1992). Research indicates that more than one-fifth, and perhaps as many as one-third, of women receiving care in hospital emergency departments have symptoms related to domestic violence (Council on Scientific Affairs, AMA, 1992). Most commonly, women seeking such health services do not identify themselves as battered women and the health care providers do not identify them as such. Most women using health services in relation to symptoms caused by battering are not in touch with any other services where they do self-identify. Therefore, the health care system provides an access point to battered women who are not being served by other systems. In recent years some health care providers have become increasingly aware of this issue and have developed policies to screen for domestic violence and to intervene in these cases. Some jurisdictions *require* health care providers to report domestic violence to law enforcement agencies. Thus, health care systems represent important intervention points for expansion of community-wide systems of response to domestic violence, but attempts to use them this way will raise many important issues that do not surface when women themselves identify battering as the problem.

Other service systems such as alcohol and drug treatment programs, child protective services, and programs for the homeless are also very likely to have clients who suffer from



domestic violence, and may also have clients who are perpetrators. At this time these systems are even less likely than health care systems to identify the existence of domestic violence among their clients, or to intervene and offer services if domestic violence issues become apparent. However, a few communities are beginning to work with one or more of these systems to bring them into the domestic violence service network. In addition, a few of the communities we visited are taking steps to broaden their network further to include businesses and corporations through their employee assistance programs, and clergy as both opinion-setters and potential first points of supportive service contact (through pastoral counseling). To the extent possible, this study tried to identify communities in which some of these more expanded networks were in the process of development so we could explore the issues involved.

### **Issues in Developing a Coordinated Community Response**

We can conceptualize an idealized “coordinated community response” as one that “covers” both a community’s service and support systems and its population of battered women in potential need of assistance. Given that efforts to establish a coordinated systemwide response are trying to raise the consciousness of a number of different agencies and stakeholders at the same time that it is trying to change agency behavior toward a response that addresses the service needs of all battered women, it is not surprising that issues arise pertaining to both services and people. Since the focus to date has been on bringing new services into a network, more thought and experience has accumulated about service-related issues. But as communities are successful in drawing in different kinds of services, they will inevitably face issues related to the fact that the clients of these newly-integrated services often have quite attitudes and motivations than the women who traditionally have sought shelter and other domestic violence services on their own.

In this study we have sought to understand what issues arise as communities strive toward a coordinated response to domestic violence, and how communities have tried to resolve these issues. With respect to bringing in new types of agencies or services, we wanted to examine issues that arose when agencies had not historically worked together, or when there had been antagonistic relationships in the past; what happened when the different missions or legal obligations of agencies conflicted; what happened when the

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traditional goals of different agencies for their clients did not match or correspond; and what happened when professional orientations were incompatible. With respect to the populations covered, we wanted to know who the different agencies were likely to see, including: what types of women, with what levels of consciousness about domestic violence and what levels of commitment to extract themselves from it; ever- or currently married to abuser or not; with or without children; whose children were or were not themselves in danger of or experiencing abuse; with or without complicating personal problems such as substance abuse. We wanted to know how communities had approached the problems of offering services to women who had not voluntarily sought help for domestic violence, who might not want help with it, might deny its seriousness or frequency, might have fewer or no social supports for ending it, and might in general be in circumstances with few or no resources at their disposal to deal with it.

In the chapters to follow, we hope to provide the reader with some of the experiences of six communities facing these issues and beginning to grapple with them. Although the communities we visited are among the most progressive in working on these issues, even they are still at the stage of learning by doing. Their experiences can be informative to others who are thinking about creating a broader community response to domestic violence.

## CHAPTER 2

### STUDY DESIGN

The purpose of this study is to understand the approaches taken to coordinating responses to domestic violence in different communities, and how each community's system developed in response to client need, and in the context of other policy influences. Specifically, the study was designed to examine the following issues:

- How model systems of comprehensive and coordinated community-based domestic violence service delivery have developed in different communities;
- The legal, policy and community contexts in which the systems operate;
- The goals of the coordination efforts and approaches used to meet the goals;
- Barriers to coordination and how they have been addressed;
- Strengths and weaknesses of the coordination effort;
- The role of laws and policies in helping or hindering coordination efforts; and
- Issues in planning, implementing and evaluating coordinated services.

To address these issues, the study used a formative evaluation approach involving case studies of model community systems. The study was not intended to evaluate the *effectiveness* of comprehensive service delivery systems, although it offers some preliminary ideas about issues for future evaluation efforts. Six sites were selected for in-depth study: Baltimore, Maryland; Kansas City, Missouri; Carlton County and Northern St. Louis County, Minnesota; San Diego and San Francisco, California. This remainder of this chapter discusses the process used to select these sites and the procedures used to conduct the site visits.

#### **Site Selection**

We developed a list of site selection criteria to fulfill the study objectives based on a review of the relevant literature and discussions with HHS and members of the project's advisory group composed of representatives of federal agencies with responsibilities in the

area of domestic violence. The selection criteria were divided into two categories--those considered essential and those to be used for obtaining variation across the sites (Exhibit 2.1).

Three characteristics were considered essential for this study. First, we wanted to look at coordination efforts that include agencies from different service systems, rather than a single agency providing comprehensive services (i.e, one-stop shopping approach). Communities in which a larger number of agencies coordinate their efforts are considered to represent more extensive and better-developed examples of a coordinated community response. This approach also has wider applicability than one that relies on a single agency to deliver comprehensive services, since a program of that type does not exist in many communities and would be hard to develop. Second, we wanted the coordination efforts to have been in existence for several years and to be relatively stable at the time of the study. This project is considering the *history* and *development* of a coordinated response, so we thought it was important to focus on communities whose efforts have been underway for some time. Also, because it is difficult to assess the features and outcomes of a coordinated response that is undergoing major changes, we wanted the effort to be relatively stable at the time of the study. Finally, we wanted sites that were able and willing to accommodate a four-day site visit by project staff during the study period.

There are a number of different approaches to coordinating a response to domestic violence. In order to obtain information on different models, the selection criteria included five characteristics for variation across communities. These characteristics were selected based on the overall study objectives and specific HHS interests to obtain variation in: the lead agency, the model of interagency coordination, the location and population served, and the context of the coordination effort. There was also a particular interest in community responses that include health care providers as part of the efforts.

**Exhibit 2.1**  
**Site Selection Criteria**

<b>Essential Characteristics</b>
<ul style="list-style-type: none"> <li>. <b>Cross-Agency Approach</b> The coordination must involve multiple agencies (more than two), and represent different service systems (rather than all criminal justice agencies, for example).</li> <li>■ <b>Stability of the Coordination Efforts</b> The efforts must have been underway for some time, and be relatively stable at the time of the visit (i.e., not in a period of flux or major growth or decline).</li> <li>. <b>Willingness to Host a Site Visit</b> The community must be able and willing to accommodate a four-day site visit by project staff during the study period.</li> </ul>
<b>Characteristics for Variation</b>
<ul style="list-style-type: none"> <li>■ <b>Lead Agency</b> Include different models of program leadership which vary by (1) the degree to which leadership is centralized (i.e., leadership for the coordination comes from one partner agency, rather than being shared by several agencies or equally distributed across all partner agencies), and (2) the type of agency that leads the effort.</li> <li>. <b>Model of Interagency Coordination</b> Include communities that have developed different approaches and use different activities and mechanisms to coordinate their response.</li> <li>■ <b>Location and Population Served</b> Select communities with different geographic and demographic characteristics including: (1) at least one rural community; (2) one or more communities with large minority populations; (3) communities from different regions of the country; and (4) communities that vary in size.</li> <li>■ <b>Context of the Coordination Effort</b> Include communities with different environments for coordination (i.e., those where efforts operate within a context or support system favoring coordination in addition to those which represent initial attempts in a community with little coordination experience).</li> <li>■ <b>Involvement of Health Care Providers</b> Include communities in which health care providers are part of the coordinated response.</li> </ul>

### *Identifying the Sites*

After developing the selection criteria, we compiled a list of potential sites using information from Family Violence: State-of-the-Art Court Programs (National Council of Juvenile & Family Court Judges, 1992) and consultation with knowledgeable people in the field. The publication provided program descriptions and contact information for model court programs dealing with family violence, which often include joint efforts with criminal justice agencies or domestic violence service providers. We also consulted HHS, the advisory group, and several domestic violence experts in completing this list. Based on these resources, we assembled an initial list of 16 different sites for possible inclusion in the study.

We conducted a phone interview with a key person in each site to assess how well the community's efforts met the various selection criteria. The sites were then grouped according to their strength as candidates, and final sites were chosen in consultation with HI-IS and members of the federal advisory group.

Six sites were selected for in-depth study: Baltimore, Maryland; Kansas City, Missouri; Carlton County and Northern St. Louis County, Minnesota; San Diego and San Francisco, California. Initially, Duluth, Minnesota had been selected as one of the study communities. However, since the Duluth model has been extensively studied, we decided to include two rural communities in Northern Minnesota (Carlton and Northern St. Louis Counties) whose response to domestic violence has been influenced by the Duluth model. All of the sites selected have established links between criminal justice agencies and service providers in the community and, in every site, the coordination effort has been in existence for at least five years (in some cases, for more than a decade).

The selected sites provide a number of interesting examples of coordination efforts and contexts for the coordinated response. Baltimore is a large urban area with a significant African American population. It reflects a model that is dominated by one primary domestic violence service provider, the House of Ruth, which provides comprehensive services for battered women. There are also several examples of health care responses in Baltimore.

Kansas City does not have a long tradition of interagency collaboration, but the community has made a number of significant changes in the criminal justice system, particularly in the courts. The city does not have a longstanding coordinating committee for domestic violence, but it has strong leadership on the issue from within the criminal justice system. Advocates are currently less active in Kansas City, although they heavily influenced the earlier changes in the criminal justice system. Two hospitals in Kansas City have recently developed on-site programs for battered women.

Carlton and Northern St. Louis Counties provide examples of coordination in rural communities. Northern St. Louis County has a service network that has been in place and evolved since 1978. Carlton County includes the Fond du Lac Indian reservation and has a sizable Native American population.

San Diego County has a well-developed coordinating council and several examples of interagency collaboration including a joint program between probation and child protection. The Children's Hospital operates the Family Violence Program which provides primary prevention and intervention services for battered women and their children.

San Francisco has a long history of interagency collaboration on a number of issues including domestic violence. Advocacy efforts are particularly strong and the community features several coordinating committees with different objectives. The population is very diverse with large numbers of immigrants, non-English speaking persons and gays and lesbians. The city also was selected because of recent initiatives in the health care community.

### **Site Visit Procedures**

Information on the coordinated response was collected during in-depth site visits to each community. In each site, we conducted semi-structured interviews with key staff in relevant agencies and programs. An initial list of respondents was developed through discussions with the key contact person in each site. As we contacted each person, we asked

them to identify additional people who were involved in the community's efforts. In each community, we interviewed people from the following agencies, programs and organizations:

- Members of Domestic Violence Coordinating Council(s)
- Battered Women's Services - *Shelters, Counseling, Advocacy, Legal Services*
- Batterer Intervention Programs
- Child Welfare Agencies
- Criminal Justice Agencies -*Police, Prosecutors (Felony and Misdemeanor)*
- *Courts - Criminal Courts (Superior/District/Municipal), Civil Courts*
- Health Care - *Hospitals, Community Health Centers, Healthy Start Programs*
- Other Services - *Chemical Dependency and Mental Health Agencies*

We tried to identify links with programs that provide public assistance, housing assistance, employment and training services, and child support enforcement services. In a couple of cases, individual service providers had worked with these agencies on occasion. However, we did not find any well-developed links or routine coordination with these agencies in any of the communities that we visited.

In most cases, we interviewed the person at each agency or organization who was most directly involved in the coordination efforts. In cases where more than one person from the agency was actively involved, we tried to interview staff at different levels who were involved either individually or in groups. However, given the time constraints, it was not always possible to interview both senior management and front-line staff from every program and agency.

We also made an effort to schedule site visits to overlap with a meeting of the site's coordinating committee or other key events when possible. In two sites (Baltimore and Kansas City) we attended and observed a coordinating committee meeting during the site visit. In San Diego, we attended a full-day summit on violence against women that was also attended by many of the coordinating council members. We also observed the docket for protection order hearings in Kansas City and accompanied a child protection worker on home visits in San Diego. These activities provided useful information about each community's coordination efforts.



## **CHAPTER 3**

### **DESCRIPTIONS OF COMMUNITY RESPONSES**

This chapter presents descriptions of the responses to domestic violence in the six communities that we visited. The descriptions of the two rural sites in Minnesota have been combined into a single report that begins with an overview of the Minnesota community and legal environment. The description of each community is organized into the following sections:

- Overview of the coordinated response;
- History and development;
- Features of coordination;
- Other community context for domestic violence;
- Outcomes, issues and future directions.

Following this chapter, three chapters describe the important cross-cutting issues drawn from comparisons across the sites.

## **Baltimore, Maryland**

With a population of more than 726,000, Baltimore is the 14th largest city in the United States, and is by far the largest city in Maryland, accounting for nearly 15 percent of the state's total population. Baltimore is an independent city surrounded by Baltimore County, but the two are very distinct communities. The city has experienced a shrinking population over the past decade, with the number of Baltimore residents declining by nearly 8 percent since 1980. A majority of Baltimore City residents (60 percent) are African American, and nearly all of the remaining residents are white.

Baltimore faces relatively high rates of unemployment and poverty; the 1991 unemployment rate was 9.4 percent compared to 6.7 percent nationally, and nearly 18 percent of all Baltimore families live in poverty compared to 10 percent of all families in the U.S. At \$24,045, the 1989 median household income in Baltimore was well-below the national median of \$30,056 for all households. Like many cities, Baltimore is struggling to keep up with the service needs of the community. In recent years, the community has been called upon to address increasingly serious social problems with fewer resources. However, within this context, the city has made strides in developing a coordinated response to domestic violence.

### **Overview of the Coordinated Response**

The coordinated community response to domestic violence in Baltimore centers around the Domestic Violence Coordinating Committee (DVCC). While the DVCC has existed since 1985, funding in 1995 and 1996 from a federal Violence Against Women Demonstration Program and Technical Assistance (VAW) grant has enabled the committee to intensify its efforts in recent years. DVCC members include senior staff from criminal justice agencies and judges. Two social service agencies also serve on the DVCC. The House of Ruth, which is the only domestic violence shelter and service provider in Baltimore, has been a DVCC member for many years. Last year, the Sexual Assault Center, which provides counseling and other services for victims of sexual assault, also joined the DVCC. The DVCC has several subcommittees and ad hoc committees to address specific issues including protection orders, training, and the proposed Domestic Violence Court. There is also a

DVCC Workgroup that provides a forum for frontline workers, particularly police and probation officers, to keep them informed of legal and policy changes and to identify impediments to coordination between agencies.

The criminal justice response in Baltimore is characterized by special units and staff to handle domestic violence cases. Currently, the Baltimore Police Department, Pretrial Release Services, the State's Attorney's Office and the Department of Parole and Probation have designated staff and implemented procedures to handle domestic violence cases. The specialized staff often serve as a resource for other staff within their own agency and provide a link to other criminal justice agencies and domestic violence service providers as well.

In Baltimore, the House of Ruth is widely recognized as the only agency that specifically provides domestic violence services. Since the House of Ruth provides comprehensive services for battered women, coordination between other social service, mental health, and health care providers is not well-developed in Baltimore, and there is no domestic violence coordinating body primarily for social service or health care providers. Instead coordination between these agencies typically occurs on a case-by-case basis. For example, when another agency has a client who is a domestic violence victim, they tend to also refer the person to the House of Ruth for domestic violence services. When a battered woman needs services beyond what the House of Ruth provides, the House of Ruth coordinates with other agencies to obtain the services. In addition, the House of Ruth provides training and outreach programs to community centers and other agencies.

### **History and Development**

The coordinated effort in the city of Baltimore began in the early 1980's when Kurt Schmoke, the current mayor, was running for State's Attorney. After speaking with an attorney at the House of Ruth, he made domestic violence part of his campaign platform, and once elected, he established a domestic violence unit within the State's Attorney Office for misdemeanor domestic violence cases. He hired the House of Ruth attorney as the first head of the new unit. Mr. Schmoke also helped initiate a domestic violence task force in 1984 under the auspices of the Mayor's Coordinating Committee on Criminal Justice. The task force included representatives from criminal justice agencies and the courts, the media,

social service providers, health providers, and private citizens. The goal of the task force was to examine domestic violence issues in Baltimore and make recommendations to: improve the criminal justice response; direct and support services to victims and perpetrators; and increase community awareness. After one year of meetings, guest speakers, and a public hearing, the domestic violence task force produced a report with general and specific recommendations in the areas of criminal justice, direct service, community education, and legislation.

To fulfill the general recommendation of the task force, the Mayor's Coordinating Council on Criminal Justice instituted a Domestic Violence Coordinating Committee (DVCC) to implement the specific recommendations in the report. Unlike the initial task force which was broader in scope, the DVCC focused primarily on criminal justice issues. Members attributed this shift in focus to the commitment among criminal justice agencies to improving the response as well as to the belief that the DVCC would be more successful if it worked on one area at a time. Members also felt they were able to discuss criminal justice matters more freely because the membership was limited. As one person noted, the criminal justice response is as "strong as its weakest link," therefore appropriate policies and the commitment of all the agencies are needed. In 1989, the DVCC fulfilled another task force recommendation by working with the various criminal justice agencies and the courts to produce a *Policies and Procedures Manual* on domestic violence. This comprehensive manual outlined domestic violence policies for the police, court commissioners, pretrial release services, the State's Attorney's Office, clerks, judges, domestic and juvenile masters, and parole and probation officers. The manual also included background information about domestic violence and the House of Ruth.

Just prior to receiving the federal VAW grant in 1995, the DVCC sponsored a Domestic Violence Summit which was attended by DVCC members and other top community officials. This summit produced a strategic plan and mission statement for the DVCC, and brought the issue of domestic violence to the attention of a number of high ranking criminal justice officials. As a result, many agencies became more receptive to the idea of specialized units or designated personnel. Several people felt that the summit was an important factor

in the decision by the police, pretrial release services, and parole and probation to create specialized units. The VAW grant reinforced the commitment to developing specialized units.

The first specialized unit in Baltimore was established in the State's Attorney's Office many years before the Domestic Violence Summit. Over time the unit has grown to include 3 staff attorneys and 2 legal assistants. The domestic violence unit is housed in one of the city's several courthouses and handles only the cases from police districts in that court's jurisdiction. Although the domestic violence unit's jurisdiction has changed over time, the unit has never handled all domestic violence cases for the entire city. There are currently plans for a special citywide domestic violence docket in District Court and the domestic violence unit would prosecute all cases assigned to the new docket.

Cases prosecuted by the unit are handled somewhat differently than other cases. Unlike other prosecutors who are in court every other day, prosecutors in the domestic violence unit are only in court 4 out of 10 days, thereby allowing more time to prepare cases. The staff also try to speak with every victim, if **only** by phone, prior to the first trial date. The unit has a pro-prosecution policy and will prosecute a case if there is **sufficient** evidence, even if the witness will not cooperate. While the unit will subpoena a reluctant victim, they do not issue warrants for the victim's arrest **if she** does not testify. As one person indicated, they prepare these misdemeanor domestic violence cases as thoroughly as if they were prosecuting a jury trial. Because this unit was the first specialized domestic violence unit in the city, it has a long history of training and consulting with other agencies about domestic violence issues and assisting victims with systems advocacy.

The Baltimore Police Department's response has changed in recent years through new policies and designated staff. In 1993, the department instituted a policy to code all 911 calls for family and domestic violence and to require the responding officer to write a report for all domestic violence calls. Since 1994 the state of Maryland has required police to give domestic violence victims a card describing their legal rights and identifying local service providers. Baltimore, however, had followed this practice for many years previously. Currently, police are considering adopting a mandatory arrest policy for domestic violence.

This would expand their current policy of preferred arrest, whereby the officer arrests the perpetrator if there is probable cause.

Designating police officers for domestic violence began several years ago when a commanding officer began an unofficial domestic violence unit in one district. The Domestic Violence Summit, the VAW grant, and a new Police Commissioner all contributed to the department's recent decision to designate domestic violence officers in all nine police districts. The designated officers follow-up with domestic violence victims by mail or in person in a way that does not compromise the victim's safety. The districts vary in the number of designated staff, the level of services, and their experience with domestic violence. However, the officers are intended to be easily-identified contacts for domestic violence and therefore to serve as "consultants" to fellow police officers and the community.

Pretrial Release Services started a specialized unit in 1994. The deputy director pushed for this change because he felt that perpetrators of domestic violence need the highest level of supervision during the pretrial release period, when there is risk of further abuse. Two case managers handle domestic violence cases and maintain a smaller caseload to enable them to supervise the cases more intensively. The case managers closely monitor the perpetrator's participation in batterer intervention or addiction treatment programs, and keep in contact with the victim via mail or telephone calls. One person noted that the increased contact with persons involved in the case provides Pre-Trial Release Services with more information to make better recommendations at trial. Staff feel they have the most effect on first time arrestees, and thus far, no person has been rearrested while under the supervision of the domestic violence unit.

Staff in the Baltimore City Division of Parole and Probation considered a specialized unit several years ago, but state officials were not favorable to the idea until after the Domestic Violence Summit. At present, there is only one specialized unit, although initially the division hoped to establish two units. The Family Assault Supervision Team (F.A.S.T.) consists of between six and eight agents who provide more intensive supervision for domestic violence cases and have a significantly smaller caseload than other officers. F.A.S.T. agents receive additional training in domestic violence and are familiar with the local batterer

intervention programs. As soon-as a case is assigned, the F.A.S.T. agent sends a letter to the victim with contact information, details about the probation order, and guidance about what to do to if problems arise. Approximately 90 percent of the unit's caseload is court ordered to batterer intervention programs. The F.A.S.T. unit caseload has a much higher percentage of probationers in violation of their orders than the overall probation population, and the agents attribute this to two factors. First, victims will frequently contact the agent about violations by probationers, so the agents have more information about the case. Also, since the agents know the potential victim in advance of a further instance of abuse, they feel compelled to report violations of probation more quickly than they might otherwise.

The DVCC has played an important role in facilitating communication between the various law enforcement agencies and special units. The regular monthly meeting ensures that the special units receive the latest information about coordination efforts and domestic violence funding. The meetings also provide information about policy or procedural changes in the criminal justice agencies, such as the changes in arrest procedures with the development of the new Central Booking Facility.

The DVCC membership has been fairly consistent over time, giving the group a "small town" feel according to one member. Many of the representatives have served on the committee since its inception. In addition to their DVCC involvement, members interact regularly on other criminal justice matters. A number of members said that they participated in the DVCC because they wanted to and because they are committed to improving services. The active involvement of the judiciary has also been an important feature of the DVCC. Judge Rinehardt, the administrative judge for Baltimore City District Courts, co-chairs the DVCC and has been active for several years. The DVCC's efforts are also reinforced by the Mayor's continued support.

The DVCC has begun to play a larger role in training criminal justice agencies. For many years, the House of Ruth has been the primary provider of domestic violence training in Baltimore. However, the VAW grant allowed the DVCC to begin to provide training as well. For example, the DVCC coordinator did a large scale training for police officers before the designated personnel were assigned and has worked with other agencies including court

commissioners. As part of the VAW grant, the DVCC will sponsor a training on stalking issues for police district commanders and members of the DVCC Workgroup. In addition, the current DVCC manual contains a training curriculum.

DVCC members are very excited about the proposed Domestic Violence Court for criminal domestic violence matters, which is being planned under the latest VAW grant. An ad hoc committee is currently working out screening issues and other logistical matters for the new court. Under current plans, the Baltimore District Courts will provide a judge and the courtroom for this docket. Centralizing the prosecution of domestic violence cases may prove useful in many ways. As one committee member stated, the court should have an “evenhanded” approach to these cases, and the consolidated docket would help to accomplish that end. The State’s Attorney’s Domestic Violence Unit would also be able to prosecute cases from throughout the city, rather than from a limited number of the districts. While the screening issues have not been finalized, the court will most likely handle the serious misdemeanor cases. A couple of agencies have applied for funding to help cover their costs associated with the specialized docket. The city has already gained some experience with a consolidated docket through the Civil District Court’s docket for protection order hearings.

At present, the DVCC is perhaps at its most productive stage thus far. The VAW grant enabled the DVCC to hire a part-time coordinator and gave the committee the authority to allocate funds. In addition, the grant provided an impetus for agencies to set specific goals and a timetable for completing them. As one member stated, the grant “upped the stock value” of the Committee. However, Baltimore will not receive additional grant funding in 1997 and, as a result, is likely to eliminate the coordinator position for the DVCC. While people agreed that the DVCC would continue without the funding, many felt that with the loss of the coordinator the level of activity will drop, particularly efforts aimed at improving data collection and linking criminal justice databases..



## **Features of Coordination**

### ***DVCC***

The DVCC is the major coordination effort in Baltimore. Because the membership is predominantly criminal justice oriented, this is the strongest area of coordination. As previously noted, members know each other well from the DVCC and other professional contacts. As a result, they have developed informal relationships and trust that some people felt were key to the DVCC's success. At times, however, this closeness makes it difficult for the committee to address conflicts among its members.

A number of people stressed the importance of the DVCC coordinator for the committee's effectiveness. Because her sole focus is the DVCC, she can follow up with members to ensure that issues brought up during one meeting are addressed before the next meeting. This is extremely important for quick turnaround on projects, and can be critical for initiatives like a joint grant proposal. She also serves as a link between the main DVCC group, the ad hoc committees, and the Workgroup. The coordinator provides continuity to the community's efforts by ensuring that issues raised by one committee are brought to the attention of another committee and are not simply dropped. She also identifies positions that are not represented at the DVCC meetings and tries to bring these issues into the discussions. DVCC participants agree that the coordinator's efforts over the past two years have had a remarkable impact on the productivity of the committee, and that the DVCC will be affected by the loss of a coordinator.

The DVCC Workgroup plays a unique role in the coordination effort because it is the sole forum where, on a regular basis, front-line workers keep informed about policy changes in other agencies and address coordination issues. Most Workgroup members are the designated personnel or staff from the specialized units in the various criminal justice agencies; however, a wider number of agencies participate in the Workgroup than are represented on the DVCC, including court commissioners, court clerks, and the division of juvenile services. The number of members has grown so large that the Workgroup now meets in a courtroom, and one Workgroup member described the meetings as "powerful."

Most of the DVCC's current initiatives are outlined in the VAW grant, with the Domestic Violence Court being one of the major grant objectives. Under the direction of Judge Rinehardt, the Ad Hoc Committee on Domestic Violence Court is developing criteria to select cases, since one docket cannot handle all domestic violence cases. The importance of a judge on this committee cannot be underestimated. Another ad hoc committee is examining problems with protection order service, since many requests for orders are dropped because the party cannot be served. With the assistance of Judge Caplan, the committee has been researching alternatives for service and will make recommendations to the full DVCC shortly.

DVCC members are also working on several levels to improve information systems. Each criminal justice agency has its own database, and the DVCC's goal is to link these data to provide comprehensive information on domestic violence cases from arrest to post-conviction. The VAW grant provides funding for computers to allow specialized units to monitor their own efforts. The DVCC is also working to improve the comparability of information across the various criminal justice agencies. They worked with the new Central Booking Facility to identify statistics they would like the facility to generate from its database. The DVCC is now able to receive information on domestic violence related arrests broken down by the demographic characteristics of the perpetrator and the victim.

There are also ongoing initiatives to provide training and technical support. For example, the DVCC has hired four national domestic violence experts to meet with the Workgroup and the police district commanders this summer. The committee is trying to fund more "train the trainers" sessions to enable individual agencies to train new staff. The DVCC also provides technical assistance to other jurisdictions in Maryland and other states. Many visitors attend the DVCC meetings or meet with specialized units to learn how they could implement a similar effort in their communities. The DVCC has also identified a goal to expand its current focus beyond domestic violence to other forms of violence against women. To this end, the DVCC recently added the Sexual Assault Center to its membership and is also funding a manual for employers on violence against women in the workplace.

The DVCC facilitates joint fundraising among member agencies. Members inform each other about proposals that they submit and sometimes work together on joint projects. For example, House of Ruth and Baltimore District Court explored the possibility of jointly applying for funding for their involvement in the proposed Domestic Violence Court.

#### *Criminal Justice Response*

Within the criminal justice agencies, specialized units serve as “consultants” both within and outside their own organizations, in addition to handling their own cases. Other agencies know to contact staff in these specialized units about domestic violence cases. For example, pretrial release services, the police department, and the F.A.S.T. Unit all contact the domestic violence unit in the State’s Attorney’s Office for information or advice about domestic violence cases. Social service providers sometimes contact designated police personnel in their districts about a particular case. Since the agencies have instituted special domestic violence units, staff reported receiving more calls for coordination or advice about domestic violence cases.

Batterer intervention programs in Baltimore often interact with probation agents, particularly members of the F.A.S.T. unit. The two primary intervention programs are run by the House of Ruth (a 22 week program based on the Duluth model) and Harbel (a group specifically for substance abusers who batter). Staff at both agencies know the F.A.S.T. agents by name, and the open communication between the program staff and probation officers helps to ensure that batterers attend the programs or are held accountable if they do not. F.A.S.T. unit agents stated that because their knowledge of the intervention program rules, enables them to better identify and address probationer noncompliance.

To date, Baltimore’s coordination efforts have not been extensively evaluated. However, both the National Council of Juvenile and Family Court Judges as well as the American Prosecutors Research Institute have contacted the DVCC about evaluating their Domestic Violence Court once it is in place.

### *Social Service and Health Care Providers*

There is no formal coordination among social service providers in Baltimore. In general, if an agency has a client who needs domestic violence services like legal assistance, crisis counseling, or shelter, they refer the person to the House of Ruth, which is widely recognized as the primary domestic violence service provider for the area. In fact, standard police procedures provide a card to domestic violence victims containing information only about the House of Ruth. If a client needs services other than those provided by House of Ruth, particularly substance abuse treatment or intensive mental health services, the House of Ruth will refer the client to other agencies in the community. House of Ruth staff are also involved with a couple of citywide organizations that deal with homelessness, although domestic violence is not a primary focus of these meetings.

Historically, child welfare agencies and domestic violence service providers have different philosophical orientations which strain relationships between these service providers. In Baltimore, the House of Ruth and Child Protective Services (CPS) have a “good faith” agreement to work together. While this signed agreement does not give specific protocol for interagency case management, CPS staff reported that it facilitates a continuing dialogue between the agencies by reminding each party to respect the other’s different goals. According to CPS staff, many of their cases have a current or past history of domestic violence, and while not all these families seek services from the House of Ruth, there is clearly a significant overlap in the populations that both agencies serve.

Several medical providers in the Baltimore community are working to develop and implement protocol for screening and responding to domestic violence. The Baltimore City Health Department, Sinai Hospital, and Healthy Start (a program to address health issues among pregnant women and mothers with young children) are presently developing responses to domestic violence. While these agencies did not jointly develop their protocols, they have all contacted the DVCC coordinator to discuss their projects.

The Health Department, recognizing domestic violence as a public health issue, has been formulating a domestic violence response for public health clinics as part of their special initiative on injury prevention. The department is currently developing a mandatory

screening policy for public health clinics, which they plan to implement shortly. The project has compiled a guide of approximately 30 resources in the city and county that provide services to battered women, which clinic staff can use to refer battered women to services. To date, this effort has been carried out almost entirely by one Health Department staff person and an intern, with little involvement by clinic staff. However, the Health Department consulted with at least five service providers in the area in developing the protocol. The project coordinator hopes to obtain funding soon to train clinic staff and to produce the resource guide.

Although not a direct health care provider, Healthy Start, which is a program under the Baltimore City Health Department, addresses health care issues among women who are pregnant or have children under the age of three. Healthy Start, in conjunction with the House of Ruth, currently provides three hours of domestic violence training for all staff at Healthy Start centers. Healthy Start has also developed domestic violence screening protocol for case managers to use during home visits, but the protocol are not yet fully implemented. Under these protocol, staff will mostly refer women identified as domestic violence victims to the House of Ruth for services, although they may also refer to a Healthy Start social worker, if one is available. These efforts seek to promote client well-being and worker safety. Since the case managers often visit clients in their homes, they need to pay special attention to the family dynamics and potentially volatile situations. Healthy Start also addresses domestic violence issues with their clients' male partners as part of the men's services groups provided in the Healthy Start centers.

Sinai Hospital is one of four Maryland hospitals participating in a state pilot project for domestic violence screening programs. The Domestic Violence Medical Response and Advocacy Project involves a direct service component financed by the individual hospitals and a formal evaluation component to be conducted by domestic violence experts and medical researchers. Sinai Hospital's program was not fully implemented at the time of the site visit, but it was expected to begin shortly. Under the planned program, staff in the emergency room and several other departments will screen for domestic violence and refer battered women to the project coordinator. The project coordinator will conduct the client assessment, which is used for research purposes, and also provide short-term counseling

services and case management for battered women during her working hours. The coordinator will also train hospital staff in the new protocol and will train other staff to work with victims when she is not working. Eventually, the program plans to provide support groups and community outreach and also to work more with the police department and State's Attorney's Office. The project is in its first of three years, and if it proves successful, it may be expanded to other hospitals in the state.

### **Other Community Context for Domestic Violence**

**While** several respondents cited improvements that could be made to existing laws, many felt that better enforcement of existing laws was a more important issue. They felt that the lack of adequate resources and coordination is not unique to domestic violence but is systemic and results from funding shortages.

One recent case in neighboring Baltimore County has drawn community attention to domestic violence. Judge Cahill in Baltimore County recently sentenced a man to 18 months of work release for murdering his wife. Court transcripts revealed that the judge sympathized with the defendant and alluded to the fact that he would have taken the same course of action himself. This instance disturbed many people and initiated a judicial review process by the Judicial Commission in Maryland. Not only is the Cahill case being evaluated, but the judicial review process has also come under public scrutiny. Many people use this example to illustrate the need for more training, education, and attitude change among the judiciary.

Many respondents discussed the importance of the protection order, particularly among battered women who prefer a civil rather than criminal remedy. They stated that women may prefer that the abuser not be arrested for a number of reasons, such as their own physical safety or the need for continued child support. However, in Maryland, a civil protection order can be issued only to persons who are currently married, or who have lived together for 90 days over the past year, or who are related by blood, or who have a child in common. Thus, many intimate partners who do not meet any of these criteria, are not eligible for a protection order in Baltimore, which may stipulate no contact, temporary child custody, and family maintenance.

Service of protection orders is another problem in Baltimore. Court hearings on the petition for a protection order are held within one week after it is filed. The police, who serve all orders, are supposed to make three attempts to serve the order within the week before the hearing. If the order is not served, the petition can only be renewed three subsequent times and then the application is dropped. Thus, if the person is not served within one month, the case leaves the system with no action taken. The Ad Hoc Committee on Protective Orders is investigating this issue and will make recommendations to the DVCC about how to improve service.

In Baltimore, the majority of domestic violence cases are prosecuted in District rather than Circuit Criminal Court. Cases move to Circuit Court if charges are increased to a felony or if a jury trial is requested by the defendant. Assault, the most common charge in a domestic violence case, is a common law crime in Baltimore. Because few domestic violence cases are tried as felonies, prosecution efforts have been concentrated in the District Court. However, in the future, a special team may be created to prosecute domestic violence cases in circuit court.

According to DVCC members, the laws concerning harassment and stalking are also problematic. The maximum sentence for harassment is only 90 days, compared to stalking convictions which carry a maximum sentence of several years. Stalking cases are extremely difficult to prosecute because the statute requires that the victim be in fear of death. In many cases, the victim may know the stalker and simply want to be left alone, but not fear death. These cases cannot be prosecuted for stalking under Maryland's law. Under the VAW grant, the DVCC has been working to fulfill a grant objective to improve training and information about stalking issues.

There are a couple of statewide organizations in Maryland that work on domestic violence issues. There is the Maryland Network Against Domestic Violence and the Maryland Alliance Against Domestic Violence. According to one respondent, the differences between these organizations are political and often divisive in the domestic violence community. The Family Violence Council, a statewide task force headed by the State

Attorney General and the Lieutenant Governor, is another initiative that may improve the domestic violence response in the state.

Baltimore City is adjacent to Baltimore County; therefore, clients may move between the two communities for services. For example, since the House of Ruth is the only domestic violence shelter in Baltimore City, battered women sometimes seek shelter in the county when the House of Ruth is full. In 1991, the DVCC and the Baltimore County domestic violence coordinating committee signed an interjurisdictional agreement that set standards for criminal justice agencies and social service providers in the two jurisdictions. For example, the agreement stipulates that the police in both the city and the county will develop and share a list of the top 50 repeat domestic violence offenders in their jurisdiction. Mainly, the agreement serves as a good faith effort that the jurisdictions will work cooperatively when necessary, and, in practice, the two DVCC's do not often work jointly on projects. While the two committees are similar in overall structure, the county committee has a greater number of domestic violence service providers than the City does, but they do not have an active member from the judiciary.

### **Outcomes, Issues, and Future Directions**

Since the mid-1980's, the DVCC has improved Baltimore's response to domestic violence. The DVCC has played an important role in establishing specialized units or designated personnel, as well as in training and coordinating the activities for these agencies. Several DVCC members felt that the community's greater awareness about domestic violence has also contributed to their success. The DVCC is a committed group of individuals, mainly from criminal justice agencies, who have worked together for many years. Since the city cannot require employees of state agencies to participate, membership on the committee has always been voluntary. With the VAW grants, the Committee has expanded its efforts to improve coordination among criminal justice agencies. The DVCC is also beginning to expand its scope to include more social service and health care providers.

A number of different issues make the future of Baltimore's coordinated effort to combat domestic violence somewhat unclear. Since its inception, many of the same people have worked together on the DVCC. There are not as many "new" people who have



expressed an active interest in this issue, and it is not clear who will step in when some of the current members leave. A House of Ruth member, for example, who had been a key member since the beginning, recently changed jobs. The loss of this long-term member has had an effect on the committee and now DVCC members must develop a relationship with a new representative from the House of Ruth. One member explained that the established relationships and closeness of the DVCC members can be viewed as both a strength and a weakness. Meetings are able to run smoothly because there is a great deal of respect among the members. On the other hand, if a particular agency is not working as other members feel it should be, it may be more difficult to raise this sensitive issue.

The presence of an advocacy organization on the DVCC has on occasion caused tension within the DVCC. While the criminal justice representatives must juggle several competing priorities, an advocacy organization has a single and clear objective. The House of Ruth has served at times as a willing collaborator and at other times as an advocacy group pushing criminal justice agencies to do more. In one case, the House of Ruth publicly released statistics that DVCC member agencies had shared at a meeting without the consent of the agencies. As a result, DVCC member agencies were put in an extremely awkward position and have been hesitant to share data since then. Because the DVCC members respect and trust each other, a conflict such as this has a very significant impact on the group's dynamics.

Another unresolved issue is what course the committee will take once the VAW grant ends and the coordinator is gone. The grant provided an incentive to accomplish a number of goals and provided resources for these efforts. A major resource has been the part-time coordinator, who has been the key contact person for the Committee and the community at large. Once that position ends, it is not clear that anyone will have time to take on the demanding organizational work that has made the DVCC so productive over the last couple of years.

The specialized units and designated personnel are in place, but a number of people expressed concern that they could be eliminated if agency leadership or funding changed. Staffing these units can be costly since the staff spend more time on each case and have

smaller caseloads. New agency heads may place less emphasis on domestic violence and shift resources from these efforts. The State's Attorney's DV Unit has the longest tenure, and is perhaps the most institutionalized of Baltimore's specialized units.

The House of Ruth remains the main service provider for domestic violence victims in Baltimore, which has both advantages and disadvantages for service delivery. They are considered the experts in the community and have gained a good reputation for their work. Several providers, however, felt that the community could benefit from having more agencies involved in domestic violence, in order to give people more service options. However, it is difficult for other organizations to compete with House of Ruth for funding. Other agencies experience a certain degree of frustration because they would like to expand their services to target domestic violence victims but are unable to obtain funding to do so. One service provider also acknowledged that it would be a challenge to expand its services to cover domestic violence, given the House of Ruth's predominant role in the community. This provider felt that many issues, in addition to funding, would need to be worked out before other agencies could begin to provide domestic violence services.

Criminal justice agencies and service providers cited concerns about "underserved" populations in the community. Respondents noted that battered women in the African American community may be reluctant to pursue a criminal justice remedy for domestic violence given the history of strained relations between this community and law enforcement. Service providers felt that language barriers and transportation problems may exist for some women, particularly among women from the Asian, Hispanic, Native American and Orthodox Jewish communities. The House of Ruth has begun working with other community agencies that work more closely with certain groups. A House of Ruth staff member helps with a group in the Jewish community and is also trying to secure funding to work in a couple of African American communities. A Hispanic community center has also expressed an interest in collaborative efforts for training and perhaps support groups on domestic violence issues. Several respondents also noted the need for services targeted at individuals who are illiterate or who have mental and physical disabilities.

Respondents cited several areas where social services could be improved. Lack of shelter space was the most frequently cited problem. The House of Ruth shelter currently has only 12 rooms with a total of 24 beds for both women and their children, although they are in the process of expanding. Services for children who witness domestic violence was also identified as a gap. Transportation and child care can also be a problem, particularly for persons who also need mental health treatment, substance abuse treatment, or other services. Some respondents would also like to see community education receive more resources, for both children and adults. While the public school system does not have a specific domestic violence curriculum, some issues concerning appropriate behavior are discussed in school programs.

Health care providers have recently begun to take a more active role in the coordinated response to domestic violence, with several hospitals and health clinics implementing domestic violence screenings. A couple of people stressed the importance of making domestic violence a public health issue to improve identification and treatment. With the increased attention in the medical community, social service providers anticipate receiving more referrals from medical professionals. The health care response to domestic violence may be affected by the move to managed care for Medicaid clients. One respondent noted that Medicaid managed care sometimes presents difficulties for victims of domestic violence, particularly with respect to accessing mental health services. In some cases, managed care organizations are thought to not be able to meet the mental health needs of domestic violence victims because their services do not adequately address the specific needs of the client population. One service provider has helped clients disenroll from the managed care plan to which they were assigned to enable them to access providers who provide more specialized services to these clients.

The proposed Domestic Violence Court could significantly improve the judicial response. Many community members felt that the courts are not always sensitive to domestic violence, particularly when the case involves a reluctant witness. The docket will most likely focus on serious misdemeanor offenses. Because the cases will come from all nine districts in the city, the domestic violence unit will be able to prosecute domestic violence cases from throughout the city and provide more consistent treatment to victims. In

addition to a consolidated docket, the prosecutor's office hopes to flag all domestic violence related cases to track and compare domestic violence cases that are prosecuted by the specialized unit to those handled by other prosecutors.

## **Kansas City, Missouri**

The greater Kansas City metropolitan statistical area (MSA) is a sprawling area that encompasses 11 counties (7 in Missouri and 4 in Kansas), and has a total population of nearly 1.6 million. Jackson County Missouri is the largest county in the MSA. and contains the city of Kansas City, Missouri. With about 630,000 residents, Jackson County accounts for 40 percent of the MSA's total population, and it has a population that is about 75 percent white, and 20 percent African American; less than 3 percent of the population is of Hispanic origin. The outlying counties are much smaller and more rural than Jackson County.

This study focuses primarily on Jackson County, which has been at the center of the coordination activity, particularly within the criminal justice system. The **Kansas City** Police Department and the Kansas City Municipal Court have jurisdiction over part of Jackson County in addition to parts of several surrounding counties. The Missouri Circuit Courts' jurisdiction corresponds to counties, with each county having its own elected county prosecutor. The Jackson County Prosecutor's Office, the Circuit Court and the Kansas City Police Department and Municipal Court have worked together to formulate a response to domestic violence primarily within the Jackson County community, although in some cases the agencies' jurisdictions extend beyond Jackson County. The coordinated response of the area's seven shelters covers a broader geographic area, since these providers serve the entire metropolitan area.

### **Overview of Community Response**

Coordination activities in Kansas City stem largely from the leadership and initiative of a few key people in the community, rather than the ongoing work of a coordinating committee. The extent and nature of the coordination have fluctuated over time as leadership for this issue has changed; one person described this process as occurring in "fits and starts." While Kansas City currently does not have an active coordinating committee focused on domestic violence, there have been several task forces over the years that have unproved the criminal justice response.

Historically, most domestic violence arrests in Kansas City have been prosecuted in the Municipal Court as a violation of a city ordinance. The maximum penalty for a conviction is either 6 months in jail, a \$500 fine, or both. During the past several years, the city has placed greater emphasis on increasing the number of state charges for domestic violence, that is, misdemeanor or felony charges that are prosecuted by the county, rather than the city. To further improve the criminal justice response, special domestic violence units have been formed in several agencies including the Kansas City Police Department, the Jackson County Prosecutor's Office, and the City Prosecutor's Office. The Civil Circuit Court and Kansas City Municipal Court both have consolidated dockets with full-time judges to handle domestic violence cases. In addition, the Criminal Circuit Court has a consolidated docket to arraign domestic violence cases. While staff at the various criminal justice agencies interact through their work, they do not meet regularly as a group to discuss their progress or address specific coordination needs.

The metropolitan Kansas City area has six domestic violence shelters--four in Missouri and two in Kansas--which together have more than 240 beds for battered women and their children. In 1989, the shelters formed the Domestic Violence Network (DVN), a not-for-profit organization, to improve coordination among themselves. To date, their efforts have focused primarily on developing a shared hotline and an integrated computer system.

Project Assist, a program of Legal Aid of Western Missouri, provides legal representation for battered women seeking protection orders, and also assists with other civil matters such as child custody or divorce. For many years, Project Assist also played a leading role in systems advocacy in Kansas City by initiating and coordinating many of the community's efforts. However, in recent years, Project Assist has focused more on legal services rather than systems change. This shift was attributed to staff turnover as well as to the feeling that there is less of a need for strong advocacy since many reforms have been institutionalized.

### **History and Development**

One of the earliest efforts to improve the community's response to domestic violence came out of Legal Aid of Western Missouri in the mid-1980s. Legal Aid's Domestic Unit

provided legal services for women obtaining protection orders and for divorce cases in which domestic violence or child abuse was involved. Legal Aid staff were concerned about the way domestic violence cases were handled by the police and courts, and in 1985, they established Project Assist to do broad-based systems advocacy and to work with law enforcement agencies on domestic violence issues. Initially, Project Assist monitored and documented the way domestic violence cases were handled in the Kansas City Municipal and Civil Circuit Courts. In addition, Project Assist obtained funding to train police in Kansas City and throughout Missouri.

In the mid 1980's, a statewide committee helped draw attention to domestic violence, particularly within the Kansas City Police Department. In 1984, the Governor of Missouri served on the U.S. Attorney General's Task Force on Domestic Violence, and the following year he initiated a Domestic Violence Task Force for the State of Missouri. The Kansas City Police Chief chaired the state task force and became very interested in domestic violence through his involvement with this group. One outcome was that the Chief changed his position to support mandatory arrest for domestic violence, which he had previously opposed. As a result, Kansas City adopted a mandatory arrest policy before this change was made statewide in 1989.

Community support for a better response to domestic violence grew in 1986 when a woman, Sherrie Stewart, was murdered by her husband on Christmas eve in front of their children. This case highlighted several weaknesses in the judicial response. The perpetrator had multiple convictions for domestic violence at the Municipal Court. In addition, the victim's request for a protection order was denied because she could not afford the \$66 filing fee. Although the court did not require the fee from applicants meeting certain income guidelines, the judge did not waive the fee in this case because the victim made an error in filling out her application. The judge had not met with Ms. Stewart, so he was not aware that she had misunderstood the application.

The attention to the incident resulted in several changes in the Circuit Court's protection order process, and a task force was subsequently formed to integrate those changes into the system and to identify additional changes to be made. The Order of

Protection Task Force was Kansas City's first coordinating committee and included representatives from Project Assist, the court clerks, shelters, and a Circuit Court judge. The fee to file a protection order was eliminated within days of Sherrie Stewart's death, and a new policy was adopted that required the judge to meet with the victim before issuing a judgement. A six-month consolidated protection order docket was also established within the Circuit Court, whereby a single judge would hear all petitions for protection orders for a six-month period. Although not a direct outcome of the task force, a judge who was very sensitive to domestic violence issues became the presiding judge for the Circuit Court during this time.

In 1988, a new domestic violence task force was formed largely due to the leadership of the police chief. The new task force expanded its scope beyond the earlier committee and included judges from the Municipal and Circuit Courts, representatives from the police department, the Jackson County Prosecutor, the City Attorney for Kansas City, Project Assist, and the shelters. One key feature of this committee was that the members had the authority to make decisions for their agency. The task force began looking for examples of criminal justice responses that might serve as models for Kansas City. Several people from the police department and Project Assist attended a national conference on police training in Washington, D.C. The task force members also studied the criminal justice response in other jurisdictions, particularly Denver whose system was comparable to Kansas City, and visited Denver to learn more about their response. This interaction with other jurisdictions was credited with bringing focus to the task force.

Around this same time, a number of community organizations formed a Court Watch in the Municipal Court to demonstrate the need for a consolidated domestic violence docket. Because domestic violence cases were heard in all eight of the Municipal Court courtrooms, they were often handled inconsistently by different judges. In addition, it was difficult for advocates to assist victims with cases pending in multiple courtrooms. The Court Watch Coalition formed for this effort included the domestic violence shelters in addition to influential and highly-credible community groups such as the Junior League and the National Council of Jewish Women. Project Assist provided oversight and training for the Court Watch. For a several weeks, the "court watchers" monitored the courtrooms and



found that, in general, domestic violence victims had very bad experiences in the court system. The project documented judges making inappropriate comments and treating the victims quite poorly. The Court Watch also analyzed data on the disposition of domestic violence cases and found that the outcomes were very unpredictable, both within and across courtrooms, as compared to other types of cases which had more predictable outcomes. For example, 60 percent of shoplifters were convicted of an offense and that percent did not vary significantly across courtrooms. In domestic violence cases, however, less than 30 percent of offenders were found guilty, and the outcomes varied widely.

The Court Watch prepared a report for the domestic violence task force and recommended changes in the community's response. In late 1988, the Court Watch held a press conference and released their findings to the media. This report provided the support needed for the Circuit Court's presiding judge to order the Municipal Court to dedicate an entire docket to domestic violence cases. Since the Municipal Court falls under the jurisdiction of the Circuit Court, it had the authority to make this change. Initially, the Municipal Court was not receptive to the idea, and threatened to take the issue to the State Supreme Court. The Municipal Court eventually complied with the order and a judge agreed to take the docket. However, one person noted that even today many judges remain opposed to the consolidated docket.

After the consolidated Municipal Court docket was created, the task force continued to meet for a while. It did not, however, undertake any major new initiatives and eventually it "lost momentum" and stopped meeting. One person noted that there was never again the same strong task force that had existed in the beginning. Currently, the city has an Adult Abuse Committee with members from the courts, the City and County Prosecutor's Offices, the police, in addition to advocates, clerks and the public defender's office. However, this group does not meet regularly or have a well-defined agenda.

During the late 1980s and early 1990s, Project Assist had initiated and been actively involved in many of the community's efforts. Following this period, it undertook a major effort to train law enforcement agencies and received federal funding for regional trainings throughout the state. Recently, Project Assist has further scaled back its advocacy role to

refocus its efforts on providing legal assistance to domestic violence victims. This shift was attributed to turnover of key staff members. In addition, several people felt that many reforms had been institutionalized, and a strong independent advocate was no longer critical to the community's efforts.

The criminal justice system has continued to make a number of important changes over the past several years, with the impetus coming largely from top officials within the criminal justice agencies. In 1993 Jackson County elected a County Prosecutor with a strong commitment to domestic violence. The new County Prosecutor was concerned about the small number of state charges filed in domestic violence cases. Since the police determine what the charge is in criminal cases, the County Prosecutor met with the chief of police to draw up a plan to increase the number of state charges filed. The County Prosecutor established a policy to review all domestic violence cases for state charges, which required the police to hold perpetrators for up to 20 hours while the case was being reviewed. A prosecutor was assigned to go to the police station at 3 a.m. every day to review all domestic violence reports for state charges. Shortly thereafter, the County and City Prosecutor's Offices met with the police and these agencies jointly developed guidelines for charging domestic violence cases. The County Prosecutor's Office stopped reviewing *all* police reports, and focused on those cases that the police charged as state offenses.

The County Prosecutor's Office has a domestic violence unit which is currently staffed by three attorneys and an advocate. The unit vertically prosecutes all misdemeanor and felony domestic violence cases, which means that the same prosecuting attorney handles the case throughout the process. In some cases, the unit will prosecute a domestic violence case even if the victim is reluctant or uncooperative. Most domestic violence cases are arraigned on the consolidated docket for Criminal Circuit Court, although the trials are allocated to different judges. Over the past few years, the number of cases prosecuted by the county has risen substantially from only a handful in 1993 to several hundred by 1995.

In 1994, the police department created a specialized domestic violence unit to respond to the increased work involved in state cases. Unlike municipal cases, state cases require a more extensive police investigation. The responding officer in a domestic violence

case contacts the domestic violence unit who then decides whether to investigate the case further. Since it was created, the unit has doubled in size to include two sergeants and ten officers who staff the unit 24-hours a day.

Within the past few years, the Municipal Court has made further changes in its procedures for handling domestic violence cases. In 1994, the city hired a full-time prosecutor to handle all domestic violence cases. Prior to this, domestic violence cases were assigned across all of the city prosecutors, some of whom only worked part-time. The full-time domestic violence prosecutor provided more continuity for domestic violence prosecutions and more consistency in how the cases were handled. The prosecutor has a “no-drop” prosecution policy and will make every effort to prosecute the case including issuing warrants to arrest victims who do not appear for court hearings. The prosecutor handles a high volume of cases; last year, more than 10,000 cases were docketed in the Municipal Court Domestic Division. The City Prosecutor’s Office also employs several court advocates to assist the prosecutor and victims in domestic violence cases.

When the Municipal Court’s domestic violence docket was first created, it rotated every six months. As a result, the handling of domestic violence cases varied depending on the judge, and one person noted that certain judges set back progress made by the courts. In response to this problem, a full-time judge was assigned to the docket to improve the consistency in handling domestic violence cases. The current judge has a reputation for treating domestic violence cases seriously, and often sentences defendants to jail.

In 1993, the Civil Circuit Court also assigned a full-time judge to handle the consolidated docket for protection orders. The statute for protection orders is fairly generous in Missouri and allows the Court to address a number of issues including custody, child support, substance abuse counseling and domestic violence counseling. One person felt that having a knowledgeable full-time Judge was especially important since many petitioners are not represented by attorneys at protection order hearings, and because the orders cover such a wide range of issues. The court’s response has also improved through training such as a conference held for judges by the Missouri Judiciary last spring on “How to Craft an Appropriate Order of Protection.”

Shelters in Kansas City have worked through a coordinating body since the late 1980s. In 1989, the Domestic Violence Network (DVN) was incorporated as a nonprofit agency, with a board of directors that includes the executive director from each shelter in addition to other community representatives. The DVN meets monthly to work on joint initiatives and to discuss service issues. The Court Advocacy Program was one of the DVN's first collaborative projects. This program, which is currently entering its seventh year, began when one shelter took the lead and wrote a proposal for advocates at the Kansas City Municipal Court. The four Missouri-based shelters take turns staffing the program with each shelter providing advocates on certain days.

Since the early 1990s, the main focus of the DVN has been on creating a shared hotline, consolidated intake procedures, and an integrated computer system called Open Hands. All three changes were implemented within the past few years, and the DVN is currently refining the systems based on the early experience. Eventually, the DVN hopes to have the computer system on-line so that the shelters have up-to-date information about available beds. Through these coordination efforts, the DVN also hopes to improve the quality of data available on the use of shelter services.

Within the past year, two hospitals in Kansas City have collaborated with other service providers to establish hospital-based programs for domestic violence victims. The Phoenix Project was established at Children's Mercy Hospital as a joint project between the hospital, Legal Aid of Western Missouri and a shelter. This program serves battered women who bring their children in for medical services at Children's Mercy Hospital. Project Bridge began at Truman Medical Center in 1995 as a collaboration between the Medical Center, the University of Missouri-Kansas City (UMKC) School of Medicine, and one of the area's shelters. The program provides advocates to battered women in the hospital emergency room.

## **Features of Coordination**

### ***Domestic Violence Network (DVN)***

The DVN has been the main vehicle for coordination between the area's six shelters since it was formed in the late 1980s. One of its first activities was to establish the Court

Advocacy Program for the Municipal Court. This program, which is currently funded by a state grant, is jointly staffed by the four Missouri-based shelters. While the Municipal Court is the primary focus of the program, a team of volunteer advocates also provides services at some Circuit Courts. At the Kansas City Municipal Court, advocates set up signs directing victims where to go, check the victims in, and provide an orientation on what to expect in the courtroom. The advocate monitors the progress of the case and, after the hearing, explains what happened and makes referrals for shelters, hotlines and other services. The advocates may follow up with the victim by telephone to see how things are going. In addition, the advocates sometimes approach the police or prosecutor on the victim's behalf to obtain information about the status of the case.

In addition to the shelter advocates, court advocates also work with victims at the Municipal Court. The court advocates are employed by the Kansas City Prosecutor's Office and serve as a liaison between the prosecutor and the victim in domestic violence cases. The role of these advocates differs from that of the shelter advocates whose first priority is the victim and whose focus is more service-oriented. This difference has, at times, caused tension between the advocates.

All six shelters in the metropolitan Kansas City area serve battered women from throughout the entire community, although each program targets a specific catchment area surrounding the shelter. Given the differences in the various communities, clients often prefer to seek services from a shelter in their own neighborhood. For example, women from the outlying rural areas are often reluctant to go to a shelter in an urban area of Jackson County. However, if one shelter is full, the client may be referred to another shelter in the area. One shelter operates an inpatient substance abuse program and receives more referrals from throughout the area of women needing this specific service.

Given the overlap in the populations served, there is a need for communication and coordination among the shelters. Since the early 1990s, the DVN has focused its efforts on creating a shared hotline, a consolidated intake process, and an integrated computer system for all six shelters. The goal of these efforts is to obtain consistent data and to coordinate screening and referrals across the shelters. This initiative was prompted by concerns from

funding agencies about the community's service needs and the role of multiple shelters. Having multiple shelters makes it difficult to assess accurately the community-wide demand for services. For example, if a woman calls three different shelters but does not receive services from any, she is counted three times in the community-wide statistics of clients "turned away" for service, even though this represents a single case.

Since 1993, the shelters have operated a single, shared hotline and used consistent intake forms and procedures. Each shelter takes a turn staffing the hotline and does the intake on all calls received during its assigned time. The shelter answering the hotline has information about the availability of beds at each of the shelters and refers the caller to the appropriate shelter, based on location and service needs. This process eliminates the need for domestic violence victims to contact multiple providers to obtain services.

The consolidated hotline established a general policy for battered women to call the central number instead of calling individual shelters. However, if a client calls a shelter directly, the providers continue to do the intake themselves rather than referring the caller back to the main hotline. A couple of shelters estimated that about one-quarter of their clients continue to call the shelter directly. The DVN and its member agencies have made an effort to publicize the single hotline number through advertising campaigns and other means. The DVN also established a toll-free number to allow victims in rural areas to call the hotline without having the call show up on their long-distance telephone bill. As part of these efforts, the DVN also has coordinated how phone books publish the numbers for domestic violence services, having the central number listed rather than individual shelter phone numbers. According to one person, giving up their own phone numbers was initially an issue for some shelters, but most programs have become convinced of the benefits of a single hotline number.

Last year, the DVN implemented the Open Hands system, a computer database for the six shelters. This system, which took four years to design, collects standardized client information for each shelter. Since the shelters use a common intake form, the data in Open Hands are coded consistently to allow for better tracking and data analysis. At present, not all shelters are reporting data to the Open Hands network, even though the system has been

in place for about a year. Based on the initial experience with Open Hands, the DVN is currently revising the intake forms and simplifying the system. One person felt that originally the project may have tried to collect too much information. The DVN is also modifying the computer system to correct problems and make the system easier to use. Eventually, the DVN hopes to put the system "on-line" to further improve the access to information across the agencies.

In developing Open Hands, the DVN had to address confidentiality issues in order to share client information across the shelters. Currently the Open Hands network blocks certain information if requested by a client, and releases other information only with a client's permission. Open Hands has also changed the intake process, by having staff enter data into the network as the interview is being conducted. Some staff have found it difficult to use the Open Hands computer system during a crisis situation.

At present, the DVN's primary mission is to operate the hotline and collaborate on fundraising and joint projects. According to one person, the DVN originally developed a broader agenda which included the shared hotline, a joint resource center, and joint training for each shelter's volunteers, staff, and board. However, the DVN was unable to address all aspects of the larger plan and decided, instead, to focus on a single project, the shared hotline.

Geography was viewed as an obstacle to coordination among the shelters for several reasons. The distance between shelters limits collaboration among the various agencies. Since Kansas City is spread out geographically, a provider may have to travel up to an hour each way to meet with other providers. The community also has limited public transportation which makes it difficult for clients to travel between the shelters for services. One provider felt that the shelters would collaborate more on joint services if the distance and transportation were not issues. The "state line" also serves as a major barrier to people working together in Kansas City. Since the metropolitan area falls in two different states, providers often operate under different state laws and regulations as well as funding restrictions. For example, providers are often restricted from serving Kansas residents with Missouri state funds.

Several people noted that the DVN has not done a good job of including criminal justice agencies in their efforts. In the past, people involved with the DVN were successful in bringing criminal justice agencies to DVN meetings, but these individuals left and criminal justice agencies stopped participating. One person was concerned that criminal justice staff are so overworked that involving them in the DVN would take away from direct client services. Another person pointed out that the multiple jurisdictions in Kansas City make it difficult to include criminal justice agencies in a larger coordinating effort like the DVN. Many shelters have a different set of police and prosecutors, and some already work with their own law enforcement agencies. For example, one shelter and local police co-wrote the police policy on domestic violence. The shelter also has a formal agreement with the police which stipulates that the police will transport women to the shelter and the shelter will provide training for the police.

#### *Criminal Justice Response*

Coordination of criminal justice efforts in Jackson County has been brought about largely by the efforts of key people, both within and outside of the criminal justice system, rather than by a central coordinating committee. While several ad hoc committees have been formed to address particular problems over the years, none has become a permanent feature of the community's response. The Adult Abuse Committee currently provides a forum for interaction among the various agencies, but it does not meet regularly or have a well-defined agenda.

Coordination among criminal justice agencies has often resulted from the involvement of high-level officials. For example, when the County Prosecutor's Office began reviewing all domestic violence cases for state charges, staffing constraints made it difficult for the police to process the increased number of state cases. In response, the County Prosecutor provided support staff to assist the police. Within the courts, some changes were brought about largely because someone with the authority to make the change supported the idea, including the Municipal Court domestic violence docket.

The courts, prosecutors and police in Kansas City all have designated special dockets and staff for domestic violence cases. Many people in the community recognize the



importance of staffing these positions with people who are sensitive to domestic violence issues. For example, the police department's domestic violence unit was initially staffed with detectives assigned to the unit, rather than with people who requested the assignment. Some people felt that this resulted in an insensitivity to domestic violence victims among some of the unit's original detectives. Since then, a couple of detectives have been reassigned and replaced by people who requested the assignment.

After the County Prosecutor began reviewing all domestic violence cases for state charges, the County and City Prosecutor's Offices and the police department worked together to develop guidelines for charging these cases. In general, the guidelines stipulate that for state charges a case should involve a perpetrator with four or more prior arrests for domestic violence, a weapon, or serious injuries to the victim. This policy gave the police guidance for charging charge domestic violence cases. Currently, the County Prosecutor reviews only those cases that the police present as state cases based on these criteria, rather than all cases.

The Civil Circuit Court has coordinated efforts with criminal justice agencies. The judge for the protection order docket sometimes refers cases to the County Prosecutor's Office to review for criminal charges. In addition, the clerks photograph and document injuries in some domestic violence cases, and share this information with the City Prosecutor's Office. Currently, the judge for the protection order docket also serves as the head of the Adult Abuse Committee and periodically convenes this group.

The various criminal justice agencies do not meet routinely to share information, although several people noted that staff communicate informally. While the Police Department and the County and City Prosecutors' Offices were developing the guidelines for charging domestic violence cases, the three agencies met monthly. Eventually, the agencies stopped meeting regularly, which one person attributed to time constraints. The need for communication between the Circuit and Municipal Courts was downplayed by one person who felt that since the two courts have different jurisdictions, prosecutors from the two offices should not tell each other how to handle cases or how to do each other's jobs. Another

person in the criminal justice system stressed the need for better communication and a “teamwork mentality” between these agencies that currently does not exist.

Probation has not been an integral part of the coordinated response in Kansas City. Many defendants in the Municipal Court receive probation, but it is currently unsupervised. The domestic violence prosecutor tracks attendance at batterer intervention programs to the extent possible, and also acts as a probation officer for reassault cases. Responsibility for notifying the court of noncompliance rests with the batterer intervention programs. The probation department supervises only misdemeanor and felony cases, and because most domestic violence are not misdemeanors or felonies, this involves a relatively small number of cases. One office estimated that 30 cases are specifically domestic violence cases. Since each probation officer has a caseload of about 100 cases, there are not even enough domestic violence cases for one officer to specialize. While probation officers do not routinely receive training on domestic violence, Project Assist held a statewide training for the probation department several years ago.

The Kansas City Police Department does not routinely offer in-service training in domestic violence. Several years ago, Project Assist did a statewide “train the trainers” session that provided one and one-half days of domestic violence training. Project Assist has also developed training videos for law enforcement which have been distributed nationally. Within the Kansas City Police Department, new recruits receive domestic violence training at the police academy, but the department has not done in-service training for the past few years. One person felt that the having a specialized domestic violence unit made people attach less importance to domestic violence training for front-line staff.

In the outlying areas, police training has been a problem because some departments have too few staff to assign them to training for an extended period. One member of the Kansas City Police Department worked with police chiefs in three smaller counties to offer domestic violence training. The chiefs agreed to four hours of domestic violence training for their officers. The person from the Kansas City Police Department, who worked on this project on his own time, collaborated with an area shelter to develop a curriculum and conduct the training.

### ***Service Coordination***

Many of the shelters in Kansas City provide a range of services including counseling, outreach, support groups. One shelter also operates an inpatient substance abuse program for battered women, which was started with money from the portion of Kansas City's sales tax designated for substance abuse treatment and other drug-related activities. Since the program is not state-funded, it did not have to meet state licensing requirements, but it does have a state-certified substance abuse counselor on staff. Other shelters in the community often refer clients who need substance abuse services to this particular shelter.

Some shelters in the Kansas City area have also developed links with a community substance abuse agency. For example, one shelter works closely with a substance abuse provider who comes to the shelter to screen and interview clients for substance abuse problems. These two agencies have ongoing communication about the progress of individual cases, and they meet weekly to discuss cases and to provide informal support to each other.

Transitional housing is another area that has been somewhat integrated with domestic violence services. A couple of shelters operate their own transitional housing programs which rent apartments to clients. The waiting lists for these programs vary widely. Another shelter has established a close relationship with a housing project manager who will prioritize shelter clients for services based on an informal understanding between the two agencies.

There are some tensions between domestic violence service providers and mental health and substance abuse service providers in the community. Some domestic violence service providers felt that there was a lack of understanding of domestic violence within the mental health and substance abuse fields. Other agencies had previously questioned the shelters' need for money to provide mental health and substance abuse services. One person felt this attitude was due to the fact that domestic violence services are relatively new and are not as developed as the mental health and substance abuse fields. Shelters also reported problems with child protective service agencies who, they felt, do not understand domestic violence and often blame the victim.

### *Health Care Providers*

Project Bridge grew out of a collaboration between Truman Medical Center and a domestic violence shelter, and was initiated by an attending physician in the emergency room and a faculty member at the UMKC School of Medicine who had done prior research on domestic violence. The goal of the program was to provide a “bridge” between the hospital and the community to lower barriers for battered women to access community resources. The program provides advocacy services for battered women identified and referred by emergency room physicians. The program is staffed by a full-time advocate at the hospital during business hours and on-call advocates during the evening and on weekends. The advocates meet the woman at the hospital and offer support, referrals and transportation. The program was recently expanded to cover other hospital departments including labor and delivery.

Since Missouri does not have a mandatory screening or reporting law for domestic violence, Project Bridge is based on the notion that doctors will identify and respond to domestic violence if they are given a resource (e.g., victim advocates), to provide to the victim. An emergency room attending physician directs the program, and a staff person from the shelter maintains an office at the hospital to supervise the advocates. Staff from four of the area’s shelters initially served as advocates for Project Bridge, but recently additional advocates have been recruited from the community. Advocates receive a stipend for every consultation they provide to the program. Project Bridge includes an evaluation component and the staff hope to document the program’s impact on the use of services and recidivism. Project staff are working with the police department and the DVN to obtain data for this study.

The Phoenix Project, which is modeled after the AWAKE program in Boston, is a joint venture between Children’s Mercy Hospital, Legal Aid of Western Missouri, and a shelter. The Project is located within the hospital’s social work department and targets battered women who bring their children into the hospital for medical services. Most referrals are made by hospital social workers, rather than by medical staff. Social workers refer battered women to the Phoenix Project for counseling, legal services and referrals to shelter or other services. The project has one staff member who is a Legal Aid employee, and contracts with

two attorneys to provide legal services to clients. While still in its early stages, the program has been serving between 10 and 20 women a month, and addressing mostly legal representation needs, since most women have not been interested in shelter or other services. The Phoenix Project and Project Bridge, which are located across the street from each other, have recently discussed the possibility of sharing advocacy and legal services.

### ***Batterer Intervention Programs***

Many people expressed dissatisfaction with the quality of batterer intervention programs in Kansas City. Over time the number of these programs has grown substantially. Up until about ten years ago, Kansas City had a single batterer intervention program which worked closely with the courts. The program had an office at the courthouse and initiated contact with the defendant as soon as he was assigned to the program. The program later lost its court-based office because of space constraints and because of the growth in new programs, in one person's opinion. Batterer intervention programs are not subject to state- or city-wide guidelines and the program's length and features vary widely. At one point, a provider allowed batterers to complete the program in a single weekend. Several years ago, Project Assist facilitated an effort to address concerns about the quality of these services, and met with the providers informally to develop standards for intervention programs. These standards serve as a guide to help referring agencies select a program, but they are not enforced.

Since probation is unsupervised for Kansas City Municipal Court cases, defendants who do not comply with orders for batterer intervention programs historically have not been charged quickly with noncompliance, if at all. For example, one man assigned to the batterer intervention program did not comply for six years and saw no repercussions. Recently, the Municipal Court judge established a policy requiring programs to report noncompliance within two months. For state cases, the batterer intervention programs deal directly with the probation officer, and one person felt that compliance on these cases is generally better. Some shelters in the area plan to begin their own batterer intervention programs in the near future in response to the perceived need for better quality services.

## **Other Community Context for Domestic Violence**

### ***Community Characteristics***

*The* Kansas City metropolitan area has many layers of systems to coordinate. The geography and multiple jurisdictions in Kansas City present serious challenges for collaboration among agencies. For example, the Kansas City Police Department serves all of Jackson County and parts of several other counties. Since Circuit Court jurisdictions correspond to counties, the police must interact with multiple county prosecutors, and the county prosecutors often work with police from different municipalities. Thus, coordinating the law enforcement response for the greater Kansas City area requires bringing many different agencies together. Since the area's shelters serve the community-at-large, these issues are somewhat less of a problem for coordination among these providers, although the multiple jurisdictions influence the coordination between service providers and criminal justice agencies.

### ***The Legal Environment***

The Kansas City criminal justice response, in which domestic violence is typically a violation of a city ordinance and prosecuted in Municipal Court, differs from many other communities. Prior convictions in the Municipal Court cannot be used to "enhance" cases to a higher charge. In the past several years, the community has emphasized prosecuting domestic violence as a misdemeanor or felony, but the overwhelming majority of offenses continue to be prosecuted at the city level.

The statute for protection orders in Kansas City is fairly broad and allows the judge to include custody and child support as part of the order. A number of people viewed this as an invaluable tool in the community's response. Violations of an order are charged as a misdemeanor for the first offense and as a felony for the second offense. However, several people noted that because of this broad scope, there have been cases of a parent filing for a protection order simply to gain custody of a child or to obtain child support. As a result, protection orders have received a "bad rap" among some people in the community.

## **Outcomes, Issues, and Future Directions**

A number of changes in Kansas City were made between the mid 1980s and early 1990s, and since then, the community has refocused its efforts on fine-tuning and maintaining those changes. The improvements in the community's response resulted, in large part, from the perseverance of particular individuals who sought change. For many years, leadership for these efforts came from both within and outside of the criminal justice system. Project Assist played a key role in highlighting problems with the system and in bringing people together to address these issues. At the same time, the commitment of the Chief of Police and Presiding Circuit Court Judge paved the way for much of the change. Currently, a number of key positions within the criminal justice system are filled by committed people who lead the community's efforts from within the system.

In the last few years, Kansas City has seen a shift in the community's approach. The leadership for this issue currently comes from high-level people within law enforcement and the judiciary. After making a number of sweeping changes, the community seems to have settled into the system that was created and is not currently engaged in major new initiatives. There has not been an ongoing effort to address coordination issues through a well-established coordinating committee, and without a mechanism for routine communication, problems are not always identified and brought to the attention of the appropriate parties. In addition, since the community relies on the leadership of a few key people, there is no institutionalized process to ensure that the agencies will continue to work together when individuals leave these positions.

The specialization within the criminal justice system and courts has brought consistency and continuity to the way domestic violence cases are handled. For example, the Municipal Court, which handles most domestic violence cases, has been transformed from a "chaotic" setting where cases were heard in eight courtrooms by different judges to a more streamlined process. Despite these improvements, concerns remain about the handling of domestic violence cases at this level. Some feel that this sends a message that domestic violence is not considered a serious offense. On the other hand, the current judge for the domestic violence docket has a reputation for treating domestic violence seriously. In addition to creating specialized positions, the community has worked to fill those positions

with individuals who are sensitive to domestic violence issues, which has also contributed to the improved response.

The DVN has created a structure for coordination among shelters, and in the past few years the group has made great strides in consolidating the intake process and in establishing a system to share information. One person felt that this would greatly benefit service providers by allowing more rigorous research and evaluation of the services and also help them to provide “harder statistics” which will give legitimacy to the issue of domestic violence and the service needs of battered women.

Jackson County is exploring the possibility of expanding its “drug tax” to cover misdemeanors, including domestic violence. Currently, a portion of the sales tax is designated as a “drug tax” and is used to fund substance abuse treatment services, the prosecution of drug offenses, in addition to other activities and services related to substance abuse. This represents a very collaborative effort among many different agencies; the \$16 million is split among a number of agencies including law enforcement, prevention activities, treatment and services, the corrections system, and the courts. If this tax were expanded to cover domestic violence, it may lead to more funding and collaboration around this issue.



## **Two Rural Communities in Minnesota: Carlton and Northern St. Louis Counties**

The Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota<sup>1</sup> is a nationally-known model of coordinated community response to domestic violence. DAIP has received extensive publicity, is widely known, and conducts many trainings related to domestic violence for criminal justice and other agency personnel from all over the United States and abroad. Rather than conduct a site visit for this study to DAIP itself, from which we were unlikely to add to the extensive literature already available about the program, the decision was made to work through DAIP to reach two rural communities in Northern Minnesota whose response to domestic violence has been influenced by the DAIP model and whose efforts have been assisted through DAIP training and support. The two communities selected are Carlton County, immediately to the south of Duluth, and the northern part of St. Louis County known as “the Iron Range.” In the remainder of this description of our Minnesota site visits, we will first discuss the legal context in Minnesota that enables programs in both communities to have a significant impact and then describe the unique aspects of the two communities separately.

### **The Minnesota Legal Environment**

Minnesota provides a significant amount of statewide direction and support to counties and regions in their efforts to address domestic violence, which has been a factor in both the Carlton County and Northern St. Louis County responses to domestic violence. There is a state level coordinating council and region-wide coordinating bodies as well. Many of the members of the Carlton County domestic violence community attend these regional quarterly meetings on a regular basis. The meetings provide exposure to ideas from other jurisdictions and an opportunity to network.

The state of Minnesota has a number of laws that directly affect how domestic violence is handled at different levels of the system. State law gives localities the option of adopting a mandatory arrest policy, and allows arrest on probable cause. Prior to this law, domestic violence offenses could be handled only as misdemeanors-requiring a citizen's arrest which placed the burden on the victim, or as felonies-requiring that the arresting officer be present at the assault itself and that the assault be severe enough to warrant a

felony charge. The time frame for probable cause arrest was recently increased from the original 4 hours to 12 hours prior to law enforcement contact. Lengthening the period within which an officer can make an arrest from 4 to 12 hours was also a big improvement from the point of view of the law enforcement officials interviewed. Now the responding officer has time to investigate what has happened and find the offender if he has left the scene and make an arrest.

Criminal statutes also define domestic violence as a crime; prescribe levels and criteria for misdemeanor, gross misdemeanor and felony charges; and provide for enhancing a misdemeanor to a gross misdemeanor if it is a second offense. Other state laws allow judges to order offenders into treatment (batterers' intervention), which translates on the Range into courts ordering virtually all batterers into treatment, whether they are subject to civil orders for protection or to criminal charges. Case law, and subsequently state statute, says that judges must consider the presence of domestic violence in the home when deciding child custody cases, and must not order mediation for couples when domestic violence is a factor.

In addition to statutes affecting domestic violence cases, the Minnesota Supreme Court has been active on the issue in a number of ways. It has ruled that judges must grant advocates access to courtrooms, allow them to sit at counsel table with the woman and speak with her during court proceedings, and that this is not "the unauthorized practice of law." It has required all judges in the state to attend training specifically on domestic violence, spousal maintenance, custody, and divorce settlements, which advocates and judges alike say has had significant impact on judicial behavior in these cases. Further, it has charged judges in each judicial district to be active on violence issues (to "come out of chambers") and has asked judges to take the lead in setting up councils in their districts to address issues of family violence and violence prevention more generally. Finally, a statewide data system allowing judges access to information on current and past civil and criminal involvement of every party to a particular case is only a few months away from full implementation. The data system is a response to the results of focus groups of judges held about five years ago to address the issue of what judges need in order to be able to do a better job.

## **Carlton County, Minnesota**

Carlton County is a racially and ethnically homogeneous county of about 30,000 located just southwest of Duluth. Nearly 95 percent of its population is white, with the remainder Native American. The largest city within Carlton County is Cloquet (with 11,000 people). Also within the county's borders is the Fond du Lac Indian reservation. Portions of the reservation lie within the jurisdictions of Carlton and St. Louis Counties and the city of Cloquet.

### **Overview of the Coordinated Community Response**

Given Carlton County's close proximity to Duluth, the community's coordinated response to domestic violence has been greatly influenced by DAIP. The community has at least five groups with missions that include domestic violence, either specifically or as part of a broader focus on violence. Leadership for Carlton County's efforts has come from Rural Women's Advocates (RWA) and Mending the Sacred Hoop (MSH), which have recently joined forces to coordinate their efforts where possible. RWA was started by several women in the community, some of them former victims, to help women in rural and isolated Carlton County. MSH grew directly out of DAIP and specifically targets victims and offenders on the Fond du Lac reservation.

Several coordinating bodies have grown out of the efforts of both MSH and RWA. MSH initiated the Non-Violent Council and the Domestic Abuse group. RWA conducts monthly meetings with RWA advocates and volunteers and MSH advocates. The Non-Violence Council, a monthly meeting of advocates, law enforcement, probation, prosecution, judges, batterer intervention service providers, and the victim witness advocate, serves to address issues related to domestic violence on the Fond du Lac reservation, within the Native American community, and in Carlton County as a whole. The Domestic Abuse Group also meets monthly to discuss individual probation cases in an effort to increase compliance among domestic assault offenders in Carlton County.

There are several other groups in Carlton County that also address violence; some of these groups are solely focused on domestic violence while others address violence more broadly. These groups include the Rural Violence Committee which was recently funded by

the Blandin Foundation, the Carlton County Violence Prevention Council, and the sheriffs breakfast meetings. The Blandin Foundation's Rural Violence Committee will focus on a specific domestic violence issue which has not yet been defined. The group hopes to examine domestic violence in Carlton County and focus on the area needing the most immediate attention. The Carlton County Violence Prevention Council, which brings together law enforcement, courts, and the community including local school districts, is currently conducting an incident-based reporting survey. They have developed a reporting form for violence that is completed by the agency having the initial contact with the violent situation. The sheriffs breakfast meetings bring together law enforcement, the courts, and county commissioners to talk about law enforcement and violence. This group is oriented toward solving problems and issues raised by group members, all of whom are at a decision-making level in their organizations and have the ability to make policy and procedural changes.

Due to its rural nature and small population size, Carlton County's coordination efforts differ in two basic ways from those of larger communities. The small size of Carlton County's population and the limited number of staff in the various law enforcement agencies precludes staff specialization for domestic violence (which accounts for only about 10 percent of all cases). To date, there are no specialized domestic violence units in any of the agencies we interviewed. Furthermore, Carlton County has only 4 prosecutors; the largest law enforcement agency employs less than 20 officers; there are only a handful of probation officers and one victim-witness advocate. Thus, it is not feasible to have even one person specialize in domestic violence within these agencies. The advocates from MSH and RWA, many of whom are volunteers, are the only specialists in the community.

The nature of the inter-agency interaction in Carlton County is relatively informal, except for a memorandum of understanding that was signed by all participants in Mending the Sacred Hoop. In a small rural area, many people know each other personally, which facilitates informal relationships. Also there is less bureaucracy in agencies, which gives agencies more flexibility to interact.

## **History and Development**

Beginning in the early 1980s, several women living in Carlton County (including some former victims of domestic violence), began meeting to discuss what they could do for other victims in the county. These women had their own bad experiences with law enforcement and wanted to change the response for other victims. At that time, there were no domestic violence services available in the county, and women had to travel to Duluth, which for someone in the western part of the county was quite far. Also, law enforcement rarely made arrests for domestic violence assaults or violation of protection orders. Even if an offender was arrested, there was little chance that he would be prosecuted or sent to jail or ordered to treatment.

Since 1982, these women have been working to change the response to (domestic violence in Carlton County. They have worked closely with law enforcement, prosecutors, victim advocates, judges, and probation officers to examine their existing domestic violence policies and to suggest improvements.

Concurrently, beginning about seven years ago several Native American women and men, staff of DAIP, and some local community and reservation activists got together over dinner to talk about how they could use the DAIP model to design an intervention for the Fond du Lac reservation. Many people were concerned about the violence on the reservation, the general lack of a response to domestic violence, and racism within the criminal justice system. Furthermore, Native American victims have been hesitant to report abuse, call law enforcement, and seek help from outside systems.

This group continued to talk and exchange information and then in 1990 brought all of the players together for a meeting that included law enforcement, prosecution, judges, the Reservation Business Committee (RBC), and staff from DAIP. In 1992, the participants signed a memorandum of understanding to solidify their relationship and to improve the

sharing of information between agencies. The agreement outlines the following objectives:

- (1) The first priority of the intervention is to ensure victim safety and occurs in a way that retains the integrity of the victim;
- (2) The primary focus of intervention is on stopping the assailant's use of violence, not on f&g or ending the relationship;
- (3) Policies and procedures act as a general deterrent to battering in the community;
- (4) The courts and law enforcement agencies will work cooperatively with victim advocacy programs;
- (5) The courts, when appropriate, mandate educational groups for assailants and impose increasingly harsh penalties for any continued acts of harassment and violence they commit.

The Minnesota state legislature also passed laws allowing probable cause arrest and instructed law enforcement and prosecutors to adopt a written policy for addressing domestic violence. Law enforcement and prosecutors' offices could either use the state's model policy or create one of their own. Some agencies in Carlton County chose to adopt the state model policy, while others created their own policy and received input from Non-Violence Council members, including MSH and RWA.

The community is just beginning to realize the effects of the advocates' work, the coordinating bodies, and the changes in the laws. Several people compared the process that the domestic violence response is undergoing to the issue of child sexual abuse several years ago. People in the community are more aware of domestic violence and the response is starting to change, but there is still a long way to go.

### **Features of Coordination**

RWA and MSH have been at the center of changing the response to domestic violence in Carlton County. Many of the policy changes in law enforcement agencies, the prosecutor's office, and probation have resulted from the advocates' work. For RWA, this has consisted of developing relationships with other agencies over a number of years. More recently, the Non-Violence Council, developed by MSH, has given advocates a forum for addressing pressing issues. The Non-Violence Council is viewed as a policy-making body and deals with system-wide issues. The Domestic Abuse Group's case review meetings also serve help to resolve problems on a case-by-case basis.

Recently the Domestic Abuse Group has been exploring ways to standardize the law enforcement response to offenders who do not comply with court-ordered interventions, as part of their monthly case review meetings. This effort has included judges, probation officers, advocates, and batterer intervention service providers. Many people have been frustrated by the lack of compliance among offenders, who often drop out of the court ordered education program and are not held accountable. The advocates, probation officers, and Human Development Center (HDC) raised this issue with the judges and 'they have begun to work out a solution whereby they will file an order to show cause for failing to comply with court orders. Punishment in these cases may involve a jail sentence.

Many other changes have been made through the work of the advocates and coordinating bodies. The results of these efforts are evident in the way a domestic violence case is handled in Carlton County. Police officers can now make a probable cause misdemeanor arrest within 12 hours of the domestic violence incident. They also provide the victim with a packet of information describing her rights and services that are available to her. There are two packets, one for Native American women and a general packet, which were jointly developed by RWA and MSH. Officers also are instructed to call an advocate and to record the victim's telephone number on the police report.

After being notified by the police, the advocate contacts the victim to discuss options for a restraining order, leaving to go to a safe location, attending a support group, or any other needed services. The probation officer can obtain the victim's telephone number from the police report and contact her during the pre-trial release investigation. This allows the victim to weigh in on the decision to release the offender while the court process is pending. The probation officer also obtains input from the victim advocate and the victim-witness advocate. The probation officer makes a recommendation about pre-trial release to the judge, and unless the judge is familiar with the case or thinks that the request is unreasonable, the judge usually follows the recommendation.

Unless the victim refuses, the prosecution always requests a no-contact order for the duration of the court process. The Carlton County Prosecutor's Office has a policy to proceed on all cases, even if the victim is uncooperative or unwilling to testify, as long as they have

corroborating evidence. Prosecutors have worked with law enforcement to ensure that a thorough report is written, pictures are taken, and the investigation is completed.

After the trial or plea has been entered, the probation officer conducts a pre-sentencing investigation, whereby the officer solicits input from the victim, the prosecution, and advocates. As with the pre-trial release investigation, the judge relies heavily on the recommendations of the pre-sentence investigation. The standard sentence for a misdemeanor first offense is probation for one year with orders to first attend a chemical dependency/substance abuse treatment program, if necessary, followed by a 12-week batterer intervention program. The standard sentence for a gross misdemeanor or a violation of probation is 30 days in jail.

The batterer intervention program is modeled after the Duluth program, but shortened to 12 weeks. The Human Development Center (HDC) is the only batterer intervention provider in Carlton County, and the DAIP provides a Native American group in Duluth. HDC is a private nonprofit organization that provides comprehensive mental health services to the community. The majority of men in the groups are court-ordered by both the civil and criminal courts. Some men volunteer for the program, although they seem to be the least successful. Many volunteers enroll in the program at the suggestion of their lawyer while their case is still pending in hopes that the judge will go easy on them because of they voluntarily participated.

Victim advocacy services are available through several different agencies and organizations. RWA is housed in the courthouse and available to any victim who would like their services. There is one full-time advocate, a part-time advocate, a community educator and many volunteer advocates. Funding for the staff comes from the state Department of Corrections and the United Way. An advocate is on-call 24 hours a day to visit victims when the perpetrator is arrested. For Native American victims, there is a full-time battered women's advocate at the Min No Aya Win Human Services Center on the reservation. Together with 3 other specialty advocates, the domestic violence advocate is located in what will soon be a safe house for women who live on the reservation. There is also a victim-witness advocate who is a court employee available to help victims through the court



process. He works closely with the women's advocates by making referrals, forwarding police reports, and notifying people about court dates and proceedings. The victim-witness advocate also handles most of the cases involving battered men.

Currently there are no shelters or safe house networks in Carlton County or on the Fond du Lac reservation, although the community hopes to open a safe house on the reservation in the near future, and to develop a network of safe places for victims throughout the rest of Carlton County. Currently if a victim wants shelter services, the advocates will arrange either for her to stay in a hotel or for transportation to the Duluth shelter.

Training is an ongoing part of the domestic violence response. Many individuals who work on domestic violence issues have been trained in domestic violence, and many of those in Carlton County have been trained by DAIP staff and other sources. The State Supreme Court mandates domestic violence training for all judges in Minnesota. Police officers receive in-service training and domestic violence is included as an option in that curriculum. Training is tailored to meet the requirements of professional continuing education whenever possible. Everyone we spoke with felt that the majority of their staff has had some training in domestic violence.

Also, MSH uses the Non-Violence Council meetings as an opportunity to educate members by setting aside at least 15 minutes each month to provide education and current information. The advocates themselves have all had extensive training from DAIP staff, regional conferences, the Minnesota Coalition for Battered Women (MCBW) training and other sources.

### **Outcomes, Issues, and Future Directions**

The coordinating bodies and the advocates' efforts have created open communication among all the players. Previously, people were unaware of problems and, therefore, were unable to respond to issues that arose. Now everyone has a better understanding of how their actions and behavior affects others in the system and the system as a whole. Before the coordinated effort began, people were reluctant to do anything about domestic violence because they thought that even if they did (i.e., make an arrest, prosecute, put in jail, etc.)

the system would break down at the next step (i.e., they would not get prosecuted, the judge would let them off, etc.). However, the multiple coordinating committees with related and overlapping missions at address domestic violence or violence more broadly may lead to duplication of efforts.

Though much work has been done and many policies have been changed and informal agreements made, the system is far from perfect. Many law enforcement officers, prosecutors, probation officers, and judges within Carlton County have changed their attitudes about and responses to domestic violence. However, some agencies have improved more than others and some individuals within agencies have improved more than others. Ongoing training is necessary to reinforce Carlton County's response to domestic violence.

The length of probation causes a problem for compliance with court orders. The standard sentence is one year probation, and many offenders must first complete substance abuse treatment before attending the batterer intervention program. Since the groups are not open-ended, an offender may have to wait several weeks for a new group to start after enrolling. If an offender waits to enroll, his probation period may end before he has completed all of the terms, including the batterer intervention program. Lengthening the standard probation period or developing an ongoing program that a probationer can begin at any point would help to ensure that all of the orders can be completed within the probation period.

The RBC is committed to working with MSH and addressing domestic violence on Fond du Lac. It supports a women's advocate at Min No Aya Win in the Human Services Center to work with the larger domestic violence community. It has taken some time for the reservation-based service providers and the service providers in the rest of the county to begin to work together. The women's advocate has recently started attending the Non-Violence Council and the Domestic Abuse group meetings. There has also been movement to open a safe house. These efforts on the part of the reservation are viewed as positive by the outside domestic violence community.

Transportation is a major problem in a rural area where things are very spread out and some services are not available in the immediate area. Victims must travel to Duluth for shelter services, which is at least 30 miles away and may be difficult if the victim does not have a car (or if the car is controlled by her batterer). Offenders whose licenses are suspended for DWI may also have difficulty attending the intervention groups if they live in isolated areas of the county. To address problems in the rural community, a judge suggested cellular phones to enable isolated women to call for help. Funds for transportation would also be helpful.

### **The Iron Range: Northern St. Louis County, Minnesota**

Northern St. Louis County and surrounding areas are known throughout Minnesota as “the Range” because the Mesabi Iron Range was the main reason for settlement of the area and the core of its economic base until the end of the 1960s. The largest town is Hibbing, with about 13,000 people; the Range Women’s Advocates, the primary domestic violence advocacy and service organization, is located in Virginia, a town of about 9,500. There are 10 other, smaller, towns in the area large enough to have their own police department; courts are located in both Hibbing and Virginia, but are part of the same state court district (the 11th). The population is virtually all white (97 percent), of Scandinavian, German, and central European extraction, with about two-thirds of the non-white population being Native American. From the 1960s through the early 1980s, the Range suffered economic decline and population loss as the mines and iron-related manufacturing and extraction dwindled and nothing took its place. However, the feeling of some of those we interviewed was that during the past decade the populace has come to terms with the economic circumstances, stopped simply longing for the return of the past, and has moved to a place of economic stability, albeit not growth, and certainly not prosperity for all.

### **Overview of the Coordinated Community Response**

**Two** organizations are key to the development of the coordinated community response to domestic violence on the Range-the Range Women’s Advocates (RWA), and the Family Violence Council. RWA provides services and advocacy for battered women, offers extensive

educational activities to schools and community groups, contracts for and monitors batterer intervention services, and serves as a unifying conduit for issues and concerns of how formal systems treat battered women. The RWA also runs the Range Interventions Project (RIP) which focuses on getting all elements of the criminal justice system to respond appropriately to domestic violence-to “speak with one voice.” It does training, protocol development, system integration, and monitoring with and for criminal justice agencies. The Family Violence Council’s mission is to reduce all forms of family violence. “All players” participate, including schools, social services, health professionals, chemical dependency treatment providers, representatives of the business community, and women who have been battered as well as RWA/RIP and all criminal justice agencies.

Criminal justice mechanisms include mandatory arrest for probable cause, calling an advocate for the woman at the time of making an arrest, sending all reports to RWA, reasonably consistent ordering of batterer to treatment for both civil (OFP) and criminal cases, monitoring of compliance with court orders and willingness of probation to “violate” a man and send him to jail if he consistently fails to comply with either treatment or protection orders, and enough batterer intervention resources to meet the need.

### **History and Development**

Range Women’s Advocates (RWA) has been at the center of the local response to domestic violence since that response began in the late 1970s. Everyone we interviewed mentioned the importance of that consistency and persistence in moving Northern St. Louis County in the direction of more awareness of and direct supportive actions for victims of domestic violence. The smallness of the community and the extensive networking and interactions among most key players were also seen as an important factor in the gradual development and spread of services.

In addition to services for battered women and advocacy on their behalf, RWA started the Range Intervention Project (RIP) in 1983 in response to an inquiry by Duluth’s Domestic Abuse Intervention Project (DAIP) director Ellen Pence about whether RWA would like to try to replicate DAIP in their rural setting. The mission of both intervention projects (RIP and DAIP) is to stimulate change in criminal justice agencies so that the entire system holds

batterers accountable and keeps women safe. To these ends, about three years ago (when RIP had been in existence for about 10 years) RWA assembled an advisory committee to RIP composed of representatives from every part of the criminal justice system. This advisory committee focuses on identifying and completing specific tasks intended to improve the response of the criminal justice system, such as developing a checklist (protocol) for law enforcement to use in collecting evidence and writing reports in domestic violence cases. Protocols for prosecutors and judges are next on the advisory committee's agenda.

In the past year RWA also has tried to involve clergy in combating domestic violence, by getting clergy to acknowledge that domestic violence happens, commit themselves to resist it, and determine to speak against it from the pulpit. Through the RIP, RWA provides batterer intervention programs (education classes) and monitors compliance, and participates fully in other regional efforts to affect change. One of these, the Family Violence Council, was recently organized by the chief judge of the district in response to directives from the Minnesota Supreme Court. This Council is pulling together opinion leaders, business people, the medical community, and the organizations traditionally involved with domestic violence issues. Its goals are to address all types of violence; to try to shift public opinion toward rejection of violence; and to develop needed supports in the community for victims of violence.

## **Features of Coordination**

### *Criminal Justice System*

Thanks in part to the Range Intervention Project and the many-year commitment of RWA, and thanks in part to the efforts of people working within most of the criminal justice and court sectors, most parts of the criminal justice system on the Range have adopted policies and practices to improve their response to domestic violence cases. All law enforcement agencies on the Range have a policy of mandatory arrest for probable cause, most call RWA to come and help the woman when an arrest is made, most are good on using the "checklist" (the new protocol developed by RIP).

Several respondents noted that the courts typically take the presence of domestic violence into account in a variety of types of cases; in ordering batterers into intervention

programs for both civil protection orders and criminal charges; in assigning the same treatment and protection conditions for probation even if the case has been plea-bargained down to a “disorderly conduct;” and in being willing to “violate” an offender who fails to comply with court orders, including, in rare instances, sending him to jail for repeated or egregious noncompliance (such as renewed violence while subject to a protection order). The court system in Minnesota is ‘unified’ for everything but violations of city ordinances, so a judge hearing a domestic violence case has access to information about the parties’ involvement in other civil and criminal cases. Some of the judges use this information, and some do not.

The biggest “hole” in the system, at this point, is the prosecutors in several offices throughout the Range, who have so far been resistant to the efforts of RIP. The prosecutor for St. Louis County is willing to treat domestic abuse as a serious issue, and has also reached an agreement with the Hibbing city prosecutor to take over these cases when they occur within the city of Hibbing. But people we interviewed in both RWA and other criminal justice agencies indicated that other local prosecutors are much too willing to reduce the charges to “disorderly conduct.” This means that for second and subsequent offenses, offenders cannot be charged with a gross misdemeanor because their record will never show a “prior” for domestic abuse.

#### *Role of RWA*

RWA serves as the focal point for many services and coordination activities, and participates in everything that it does not run directly. The basic domestic violence services for the area are run by RWA with eight staff, and include a 24-hour crisis line, support groups, and a system of safe homes; there is also a transitional housing program within the local housing authority where some women find housing after leaving their batterers and before they are able to support themselves in independent situations. Currently, RWA also has 21 volunteer advocates who staff the crisis line during non-office hours and perform other support and advocacy duties. RWA will be with a woman during every step of the process of ending or getting away from the violence, if that is what she wants or needs. They will go through the civil and criminal justice system procedures, help her apply for financial assistance, try to connect her with any other resources she needs, and find her emergency

housing if necessary. RWA maintains a system of safe houses which can accommodate women and their children for short periods of time to assure their safety. (When extended shelter stays are necessary, women are referred to Duluth.)

RWA also contracts for the educators for the RIP batterers' education classes and an RWA staff person monitors attendance (i.e., compliance with court orders) and acts upon failure to comply by informing probation (for criminal cases) or filing an order to show cause why the offender should be held in contempt of court for violating the conditions imposed by the court in civil matters.

Range Intervention Project (RIP). In addition to its direct services to women and its intermediary role with batterers' intervention, RWA is the main "connection" for everything happening on the Range having to do with domestic violence, as is described elsewhere in this summary. A major vehicle for this involvement is the Range Intervention Project (RIP), which has as its goal streamlining all aspects of the criminal justice system dealing with domestic violence so that they hold offenders accountable and also do what is necessary to protect the woman's safety (and that of her children if present). RIP, and the agencies associated with it, have worked to establish practices that help case processing and also help victims. These include: with law enforcement—developing protocols specifying criteria for arrest and which evidence to collect, procedures and policies for contacting an advocate when an arrest is made (most law enforcement agencies do this), making sure that victims receive information about available services and their rights, and working to get all law enforcement agencies to adopt a mandatory arrest policy (all now do have this policy); for the courts and probation—developing a system for contacting judges on the weekend if needed, developing criteria and procedures for pre-trial and pre-sentence investigations carried out by probation officers; developing policies to order all offenders to batterers' intervention groups as part of sentence; developing procedures for monitoring compliance with court orders and reporting back to the courts or to probation (for both civil and criminal orders). The various prosecutors in Range communities are the biggest stumbling block in the local criminal justice response to domestic violence. Now that RIP has completed the law enforcement protocol and seen it adopted by most of the law enforcement units on the Range, it is turning

its attention to creating a parallel protocol for prosecutors which it hopes to see adopted by all of the local prosecution offices.

### *Training and Education Activities*

RWA is involved in extensive training and education activities; in addition, other agencies and parts of the system conduct their own trainings on domestic violence, participate in cross-training with RWA, and share some other mechanisms (e.g., a monthly lunch) on related topics. RWA participates in ongoing educational efforts such as “Teens, Crime and Community” which deals with violence in dating relationships among other topics. A staff member from RWA conducts school classes on domestic violence issues whenever asked, and has also worked with 13 school districts toward using the Minnesota Coalition for Battered Women (MCBW) curriculum on domestic violence. She has talked to teachers in these schools, and done in-service training for them.

RWA annually conducts trainings for new law enforcement officers (at the law enforcement training academy), social services workers, nurses and nursing students, in workplaces and for employee assistance program staff, for judges, court clerks, and probation officers. RWA and other agencies participate in cross-training with social services (child and adult protective services), mental health agencies, chemical dependency treatment agencies, and the staff of the local crisis shelter for children. Cross-training means that RWA helps the agency in question understand the possible role of domestic violence in their caseloads and how to approach such cases, and the agency helps RWA understand its goals, legal and regulatory requirements, and constraints in recognizing and dealing with domestic violence when it appears in their caseload. Prosecutors and medical doctors have been the hardest groups for RWA to reach, for training purposes and otherwise.

RWA has recently begun to try to involve local clergy in combating domestic violence. To this end it has enlisted several clergy in preparing training workshops, and recently offered three workshops in different parts of the Range. All clergy were invited (close to 150), and 19 attended, including several from fundamentalist churches. Although less than 15 percent of the invitees came to these workshops, the attendees seemed to get the message, to become more committed to the role of clergy in creating a community climate in



which domestic violence is not tolerated, and to recognize some of the steps they could take to further this goal.

Finally, a group of staff from RWA, the sexual assault services organization, a local day care center, and other people meet monthly for lunch to discuss different topics related to women. Domestic violence is a common topic for discussion.

### ***The Family Violence Council***

The Family Violence Council counts among its members representatives from every potentially relevant element of the Range community, including schools, social services, health professionals, batterer intervention services, chemical dependency treatment providers, representatives of the business community, and women who have been battered as well as RWA and all criminal justice agencies. The Family Violence Council (which has recently taken on the broader focus of preventing all violence, not just woman battering) has three committees. Public relations/outreach is trying to increase the participation of the business community in combating violence, after which it will target human services providers and the schools. The protocol committee is developing procedures to screen for domestic violence, for use by health, social services, and employee assistance programs. The education/prevention committee will begin by doing a mail survey to determine community attitudes and beliefs about violence, perceptions of the levels of violence in the community, and perceptions of how important it is as a problem, tolerance for violence, and other issues.

### **Other Community Context for the Response to Domestic Violence**

#### ***The Range Community***

The fact that this is a small, stable rural community makes a big difference in the ease with which coordination happens, and the familiarity of all the players with each other. Most sit on each others' boards and have interacted in numerous ways over the years. It is also important that RWA has been around for so long, and with the same people as key figures. It means that any time anyone has an issue related to domestic violence, they know whom to call.

## **Outcomes, Issues, and Future Directions**

The obvious strengths of the service and support system for domestic violence on the Range are Minnesota's progressive laws on the issue, strong local awareness of the issue and willingness to treat it seriously, and the cooperation in evidence among the many agencies and organizations involved in the system. The gaps in the system include, for the criminal justice system, the behavior of many local prosecutors on the Range. For the overall system of services for battered women, gaps include adequate affordable housing, legal services (for civil issues), workplace recognition and action, involvement of emergency rooms and other medical settings in recognizing domestic violence and responding appropriately, and the involvement of clergy on the issue.

RWA and RIP have been around for so long in this community, and coordination has been the "treatment of choice" almost from the beginning, that it was difficult for the people we interviewed to separate out the effects of coordination from the effects of legal changes, the retirement of older, resistant members of many agencies and organizations, and the general passage of time. Most people attributed significant impact to the legal changes that made mandatory a lot of the "good practice" things that RWA and other advocates around the state had been trying to establish. RWA's education efforts, and especially the training work of RWA and others (e.g., required judicial training) with police, probation, and judges, appears to have changed the attitudes of these actors "drastically" (in the words of several informants). People felt there was less ignorance of the issue in the community as a whole, and that women in the community knew a lot more about the resources and options available to them than had been the case before RWA began its extensive education and prevention efforts.

Efforts currently underway which will become major future endeavors include more extensive involvement of business leaders and clergy in combating domestic violence (both by changing attitudes and by making more supports and services available). The general opinion is that it is much easier for individual women to get appropriate action on a domestic violence case than would have been possible even ten years ago. However, all agree also that the overall level of domestic violence in the community has not been affected, and that

there are still no predictably effective treatment options that will change battering men into men who do not need to use physical, emotional, or verbal abuse.

## **San Diego County, California**

San Diego County is a large sprawling metropolitan area near the Mexican border, and with a population of over 2.6 million, it is one of California's largest counties. It has a racially and ethnically diverse population, which is nearly 10 percent Asian/Pacific Islander, 7 percent African American, 1 percent Native American, and the rest white. About one-fifth of the population is of Hispanic origin. San Diego County covers a very large geographical area (over 4,000 square miles) that includes many towns and communities in addition to the city of San Diego. The eastern region of the county includes many rural communities. Because of its geographical remoteness, the northern part of the county is often administratively distinct from the rest of the county.

### **Overview of the Coordinated Community Response**

The main vehicles for an increasingly coordinated response to domestic violence in San Diego County are the San Diego Domestic Violence Council (DV Council), specialized domestic violence units and programs in several agencies, and many formal and informal relationships among service providers that have developed through the DV Council.

The DV Council officially began in 1989 to reduce and prevent domestic violence by enhancing the response of primary service providers and increasing public awareness about the problem and available resources. The DV Council enjoys representation from throughout the county and currently functions through a network of working subcommittees.

The San Diego Police Department, the City and District Attorney's Offices, the San Diego County Probation Department, the Children's Services Bureau, and the South Bay Municipal Court all have specialized domestic violence units. Specialization allows these units to address domestic violence cases more efficiently and effectively because the staff have become experts in responding to domestic violence. Specialized staff participate in the DV Council and its various subcommittees, giving them the opportunity to network with other community service providers.

The relationships that have developed over the years through the DV Council have led to many effective working relationships in San Diego County. For example, the probation department has a memorandum of understanding with the DV Council regarding the certification of batterer intervention programs. The City Attorney's Office and the San Diego Police Department also have developed a very close working relationship which has resulted in more complete investigations of misdemeanor domestic violence cases. The Family Violence Program at Children's Hospital works closely with shelters, mental health providers, and the Children's Services Bureau to provide intensive family and children's services.

### **History and Development**

The San Diego Domestic Violence Council (DV Council) began as a formal task force in 1989, and was officially recognized by City and County Officials at that time. Prior to this, many of the members had been meeting informally for several years. An important event for San Diego's efforts came in 1986 when California passed legislation defining domestic violence as a felony (state penal code 273.5). This legal change lay the groundwork for a change in San Diego's response to domestic violence, and was essential to transforming the entire judicial process. Before this law was enacted, domestic violence was charged as a misdemeanor assault, the same as it would be between unrelated individuals. This meant that unless the crime was committed in the presence of a police officer, a citizen's arrest was required for the misdemeanor offense, which placed the burden on the victim in these cases.

At the time the law was passed, no agency policy or protocol existed for dealing with domestic violence cases in either the police department, the City Attorney's Office, or the District Attorney's Office. Thus, very few arrests were made and the small numbers of cases reaching prosecution most often resulted in acquittal. Victim advocates, police officers, prosecutors, probation officers, and batterer intervention service providers were all frustrated by this outcome.

Early in 1987 the first "victimless" case was prosecuted by the San Diego City Attorney's Office. Because the offender was a local judge, it was difficult to get another local judge to preside over the trial, and, therefore, the case was moved outside of San Diego

County with a retired judge presiding. The jury deadlocked at 11 not guilty, and one guilty, and the judge dismissed the case. This trial helped to spur activity in an already frustrated domestic violence community in San Diego. Victim advocates and the City Attorney's Office began meeting and invited other interested community members to talk about these problems. This group continued to meet informally until 1989 when the DV Council held its first official meeting. The Council invited the County Board of Supervisors, the Mayor, the District and City Attorneys, and several other local policy makers to attend the kick-off meeting and sanction the task force. Nearly 200 agency representatives and individuals attended the DV Council's first official meeting.

During the council's informal days, the members developed a protocol for prosecuting domestic violence cases. This protocol stimulated the development in 1988 of the vertical prosecution domestic violence unit in the City Attorney's Office, through which a single prosecutor handled a domestic violence case throughout the process. The protocol stated that if the prosecutors believed that there was sufficient evidence to win a case without the victim's cooperation, they would issue on the case regardless of whether or not the victim was willing to testify. Through their interactions with victim advocates, the prosecutors came to understand the cycle of violence. This understanding coupled with the fact that 80 percent of victims are unwilling to testify or change their testimony by the trial date were key factors in establishing this policy. After adopting this policy, the City Attorney's Office set out to become experts in investigating and trying victimless cases.

In 1990, the District Attorney's Office followed suit and created a vertical prosecution unit. A provision in the state penal code allowed vertical prosecution units but provided minimal funding for such initiatives. The City Attorney's unit was initially staffed with 3 deputy city attorneys, an investigator, and a victim advocate. It has since grown to include 9 deputies, 3 investigators, and 2 victim advocates. The District Attorney's Office domestic violence unit is somewhat smaller, owing to the fact that over 90 percent of domestic violence cases in San Diego are prosecuted as misdemeanors.

Shortly after creating the vertical prosecution unit and adopting the victimless prosecution policy, the City Attorney's Office realized that without the police department on

board, they would not make much progress in prosecuting domestic violence cases. Even though the law stated that domestic assault was a felony, without a pro-arrest policy in place, the police were not arresting or reporting domestic violence incidents. In 1990 the Council developed a protocol for law enforcement that subsequently was adopted by the San Diego police chiefs and Sheriff's Association. In 1990 the San Diego Police Chief also appointed a domestic violence coordinator to examine the effect of the law defining domestic violence as a felony on the number of cases reported. This internal research showed that domestic violence was gravely underreported and that despite the law giving police officers the authority to arrest, arrests were not being made. The new protocol and these findings, along with the new protocol, from this research prompted the Police Department to establish a specialized investigation unit in 1992. This change was made by reorganizing staff and closing lower priority departments and, thus, no any additional funding was required.

Training of all staff, both in the domestic violence unit of the prosecutor's offices and the police department was key to getting the police to make arrests, write up thorough reports, collect evidence, and pass the case on to the City Attorney's Office. It was also important to the development of strong victimless cases and successful trials by the deputy attorneys. The cycle of violence, why victims stay, and what questions to ask were all addressed by this initial training.

Some of the other highlights of the DV Council's past work include the medical services protocol developed in 1990 and the batterer intervention standards created in 1991. In recent years, the DV Council, law enforcement, prosecutors, advocates, and social service providers have continued to refine their response to domestic violence. Other specialized units and programs have been developed including one in the probation department, a joint program between probation and the Children's Services Bureau (CSB), a unified court in South Bay, and an intensive advocacy program at Children's Hospital.

Representatives from the CSB joined the DV Council last year. Since then, both the CSB staff and the other council members have struggled over philosophical differences between the CSB and the victim advocates (on the council). Both groups are very concerned by the lack of children's services and the inattention to children who witness domestic

violence. Trying to focus on common ground rather than difference of philosophy has helped these two groups develop common goals and work together. At the same time, the CSB has been developing a domestic violence protocol for their agency, and they are asking for input from experts in the community, most of whom sit on the DV Council.

Many active members of the council feel that they are currently at a cross-roads in their development, and they have planned a retreat in the near future to assess their purpose and to outline their future directions. The Council has recently been unable to obtain sufficient private funds to retain a full-time director, and, at present, is staffed by a voluntary position. Much of the council's recent work has focused on primary prevention activities. Council members speak in classrooms throughout San Diego County and have developed an ad campaign in conjunction with the Junior League that includes billboards and a series of bus kiosk posters.

The informal coordination among community agencies and criminal justice agencies has flourished through the DV Council. Without the council, many of these agency representatives would not know one another. Through their work on the DV Council, agencies have a face to associate with a name, and when staff need to make a referral to a shelter, batterer intervention program, or victim support group, they have more than just a name and phone number associated with the needed service. There have always been service providers in the community focused on domestic violence; however, the DV Council and the increased attention it has brought to domestic violence have resulted in more funding for these services over time. As a result, more services are available and the quality of many of the services has improved, according to some people. Some providers felt that when you know other people in the community who are going to access your services for their clients, there is more incentive to provide a quality service.

### **Features of Coordination**

The City Attorney's Office has been a strong leader in the San Diego County domestic violence community's effort to coordinate the response to domestic violence. Along with victim advocates, they were instrumental in developing the Domestic Violence Task Force and subsequent Council, as well as developing the first specialized unit in San Diego.



### ***The San Diego County Domestic Violence Council***

The San Diego DV Council includes over 200 members from agencies throughout the county that provide services to victims and perpetrators of domestic violence, the medical community, social services agencies, law enforcement, prosecutors offices, judges, and the military. The council functions through a network of 12 working subcommittees that cover a number of aspects of domestic violence, including law enforcement, shelter and support services, medical, legal action, child abuse/domestic violence collaboration, ethnic concerns, treatment and intervention, grants and data collection, education and prevention, and three geographical task forces (North County, South County, and East County). The subcommittees are all interdisciplinary. For example, the law enforcement subcommittee is not made up of just law enforcement personnel, but also includes representatives from shelters, intervention programs, and probation. Similarly the victim services subcommittee includes not only victim advocates and shelter workers, but also includes representatives from batterer intervention programs, the City Attorney's Office, and other agencies.

The DV Council is very active in the community. Approximately 30 to 40 of the Council's members are actively involved in educating the community about domestic violence and developing new policies and procedures which have increased the quality of the community's response to domestic violence. The council's work over the last seven years includes developing law enforcement, medical, and prosecution protocols, batterer intervention program standards, and a domestic violence training curriculum for teachers. The Council also holds annual training conferences for professionals nation-wide. With the assistance of the Junior League, the Council has published an information guide and established an information line on local domestic violence services. Most recently the Council has launched a public awareness campaign including billboards and bus kiosk posters. As noted earlier, much of this work has led to the creation of specialized units and further work within agencies to refine their response to domestic violence.

There is a strong military presence in San Diego and very active military representation on the DV Council. Camp Pendleton in North County is also developing its own coordinated response to domestic violence, based on the Duluth model. The U.S. Navy

recently sent Navy personnel and domestic violence workers from the community adjacent to the base to Duluth for an extensive week-long training session.

### *Criminal Justice Response*

The specialized domestic violence units not only coordinate with each other, but also with many community social service providers. The specialized unit at the San Diego Police Department consists of 19 detectives, 3 sergeants, 5 light duty officers, and 5 volunteers. This unit investigates all domestic violence cases where an arrest has been made. Those cases where no arrest has been made are followed-up by the light duty officers and the volunteers. Police notify all victims of their rights and give them resource and referral information.

The coordination from the City and District Attorneys' Offices occurs through the use of in-house victim advocates and the deputy attorneys' work with police detectives from the domestic violence unit of the San Diego Police Department, other police departments or the sheriff's office. Particularly in the City Attorney's Office, the deputies have a very close relationship with the detectives in the police department's domestic violence unit. The head deputy goes to the police department at least once a week to review cases with the detectives and determine which cases to issue. They also hold joint staff meetings every other week. The victim services staff work closely with local social service providers and other victim advocates in their efforts to assure victim safety. They make referrals for shelter and social services as well as support victims through the court process. The victim services staff at the District Attorney's Office are funded by an outside source and thus are able to retain confidentiality of their clients, whereas the victim service staff in the City Attorney's Office are obligated to share any information obtained from a victim with the prosecutors.

The police department's domestic violence unit sends all arrests reports for cases that will be tried as misdemeanors to the City Attorney's office and those that will be prosecuted as felonies to the DA's Office. Furthermore, a copy of the report also goes to the victim services staff. These agencies are also involved in training one another. They have worked at trying to understand each other and what is needed to do their job better, rather than

pointing fingers and blaming. This has resulted in better police arrest reports and investigations, higher use of emergency protection orders, and better prosecution.

The probation department also has a specialized unit for domestic violence and sex offenders, and there was strong internal support for this effort. Department administration and staff had seen an overlap between domestic violence and other violent crime. The unit has 12 probation officers who handle an average of 40 cases each.

The probation department interacts closely with the courts, the DA's office, the police, and batterer intervention service providers. They also have a contractual relationship with the Children's Services Bureau for the special Family Violence Project. The probation department handles only felony probation cases, and misdemeanor probation cases are the responsibility of the court. All offenders on probation, both felony and misdemeanor, are required to attend a 52-week batterer intervention program. Probation officers interact with the intervention service providers, as providers report to probation when an offender does not attend the mandated weekly sessions.

The probation department also works closely with the treatment and monitoring subcommittee of the DV Council around certification of batterer intervention programs, and the probation department has representatives on the treatment committee. By state law, the probation department is responsible for certifying all batterer intervention programs. However, this function is contracted out to the treatment and monitoring subcommittee of the DV Council which reviews programs and makes recommendations to the chief of the probation department for certification. The chief probation officer must then approve all certification decisions.

Currently there are nearly 20 certified batterer intervention programs throughout San Diego County. All are 52 weeks long, and hold weekly meetings. The curriculum is based on the Duluth model, but extended to 52 weeks instead of 26. Some of the programs are provided by organizations which also provide services and shelter to victims, while others are provided by therapists in private practice. Offenders must pay for all sessions on a sliding fee basis; most pay \$25 for the initial screening interview and \$15 per sessions.

Prosecutors, law enforcement, and probation officers have developed protocols within their own organizations and relationships across agencies that have enabled them to respond to domestic violence in a comprehensive and cohesive manner. Sharing of case information among these agencies is facilitated by the use of ARGES, their computerized case tracking system.

The probation department is also involved in the Family Violence Project at the CSB. Two probation officers serve on a team with 5 social workers who are housed at the CSB office, and the group has access to the ARGES computer system. Staff co-manage high risk cases where a domestic violence offender is on probation and children are present in the probationer's home. This unit, which is younger than many of the other specialized units, was created in response to a case in which a child was killed by a mother's live-in boyfriend who was on probation at the time. This motivated the CSB to review the number of their cases in which a parent is on probation. This specialized unit also works closely with the San Diego Police Department and has started an interagency task force on child abuse which meets regularly to review difficult cases.

There are several judges in San Diego County who are very involved in the domestic violence community and interested in the courts' response to domestic violence and handling of cases. Currently, a small group of judges in the San Diego Municipal Court is working to move all domestic violence criminal cases to the jurisdiction of one judge on a rotating basis.

South Bay Municipal Court is currently the only court in the county with an independent calendar and one judge handling all domestic violence misdemeanor cases and restraining orders in family court. In 1992, the South Bay Court began coordinating with the Superior Court of San Diego County, and all post-plea felonies within the South Bay jurisdiction were sent down to South Bay. It was later suggested in 1993 that South Bay create a family law department, but there was not enough work for one full-time judge. The decision was made for the family court judge to handle domestic violence misdemeanor cases until the case went to trial, at which time the trial would be handled by Superior Court. Having one judge handling domestic violence cases improves the follow-up once an offender is on probation. This is particularly true for misdemeanor cases where there is no probation

officer and it is the court's responsibility to monitor probation. Since one judge sees the defendant through the court process and for follow-up after sentencing, the offender is much more likely to comply with the terms of probation. The completion rate for the full year of treatment among South Bay offenders is 80 percent, whereas it is only 30 percent for other jurisdictions within the county. The standard sentence for a first misdemeanor domestic violence offense throughout most of San Diego County is three years probation and one year of treatment.

#### *Victim Advocates and Shelter Workers*

The role of advocacy is very strong in the San Diego County domestic violence community, which views advocacy as the responsibility of everyone, not just victim advocates and shelter workers. All service providers, even those whose main contact is with the offender, make an effort to contact the victim to notify her of her rights, options and available services and to explain what they will do to hold the offender accountable. For example, the police, victim advocates in the prosecutor's office, batterer intervention service providers, and probation officers all contact the victim. The informational brochure developed by the DV Council and the Junior League is used countywide for this purpose.

There is a strong shelter network throughout San Diego County consisting of seven shelters. Many of these shelters have a transitional component and also serve homeless women. In addition to the advocacy by the shelters, there is an intensive advocacy program at Children's Hospital as well as victim services programs that are attached to the domestic violence units of the City and County Attorneys' Offices.

The YWCA has the largest shelter in the County and also provides an array of social and legal support services to victims of domestic violence. The Passages program provides a continuum of residential services for women and their children. It serves victims of domestic violence, homeless women, and women with a history of substance abuse. While residents at the shelter, women can receive counseling, peer support, legal advocacy, career development, and financial management skills. The YWCA's legal advocacy program offers legal counseling and referrals, assistance in obtaining temporary restraining orders, and escorts and transportation for court hearings.

The YWCA is also involved in research and training in the community. Currently, the YWCA is trying to coordinate data collection across service providers through a common intake form to collect the same information in a similar format across providers. Staff have also done research on batterer treatment and provided education in the San Diego Public Schools.

The Family Violence Program of Children's Hospital provides primary prevention and intervention services, including intensive advocacy to battered women and their children. The program was developed to facilitate a link between child abuse and spousal abuse. Any woman who has experienced domestic violence and who has a child is eligible for the services of the Family Violence Program.

Each woman in the program is linked with an advocate who has experienced domestic violence first hand. Advocates work with women and their children with the goal of attaining safety through assistance with restraining orders, transportation, financial needs, emergency and long term housing, and accompaniment to all court proceedings including mediation. The program also coordinates activities with CSB, emergency shelters, attorneys, therapists, and schools, and works with battered women to develop and reach long term goals related to education or employment.

#### *Health Care Providers*

While the medical services protocol was developed in 1990, only recently has the medical community become increasingly involved. Much of this growth is due to the Scripps Hospital of San Diego's involvement in the emergency room pilot project developed and run by the Family Violence Prevention Fund in San Francisco. (For a complete description of this pilot, see the San Francisco site visit summary). Following their participation in the pilot program, the staff at Scripps Hospital trained medical providers throughout San Diego.

Prior to the training many medical personnel were reluctant to report a domestic violence case to the police, even though they are required to do so by law, since they felt that if they identified domestic violence, they would not have a place to refer the victim for assistance. Through the training, the involvement of an advocate on the pilot teams, and

more involvement on the DV Council, medical providers are now more aware of the available services. When medical personnel report domestic violence to the police, they also may request that the police come to the hospital to issue an emergency protection order.

### *Training*

Training in and by community agencies has also been an important component of the coordination effort. In order to break down barriers, especially in the early days of the council, it was important for victim advocates and shelter workers to learn about what the police and prosecutors do, just as it has been important for the police department and deputy city attorneys to understand what services are available in the community for victims and offenders, and to learn about the cycle of abuse in violent relationships.

Training is traded across agencies through relationships developed on the council. The Police Department provides training on domestic violence to community organizations who may come into contact with offenders and victims. Shelter workers and victim advocates also provide training in the community, and educate law enforcement, prosecutors and probation officers, in addition to the larger community, on domestic violence.

### **Other Community Context for Domestic Violence**

The domestic violence community in San Diego County views itself as extremely lucky that it has been able to develop a system of coordinated and comprehensive services while being spared a lawsuit or a tragic and publicized case (as has happened in many other communities). The coordination and communication among providers has developed slowly over time and grew out of frustration rather than financial or tragic circumstances.

While some state laws exist that are very helpful in holding offenders accountable and keeping victims safe, many of these were in place before the coordination and the development of specialized units occurred in San Diego. The local policies and protocols that have developed through the work of the DV Council have been the keys to successful arrest, prosecution, and conviction of offenders, as well as safety planning for victims. It was not until the local policies and protocols for police and prosecutors were developed by the DV Council that there was actually a change in the number and quality of the cases that were

brought to the court system. The law defining domestic violence as a felony has made arrest of offenders much easier than when domestic violence was a misdemeanor and required a citizen's arrest, thus putting the burden on the victim.

The DV Council has been officially sanctioned by the Mayor and the Board of Supervisors. While this lends some legitimacy to the effort, most of those involved feel that the key factor to their success has been the grassroots involvement on the DV Council, not the sanction of city and county officials.

The entire DV Council was involved in writing the protocols for handling domestic violence cases. This way, it was not just police officers deciding how police officers would respond to domestic violence calls, and it was not just probation officers planning how the probation department would handle domestic violence cases. Rather, anyone who knew anything about any aspect of domestic violence was involved in the process.

There is mixed response to the mandatory certification for batterer intervention programs. Because San Diego was already certifying their programs, having to certify according to the State of California criteria simply added another layer of bureaucracy to a process with which many people in San Diego was already satisfied. However, lengthening the mandatory treatment to one year is viewed by most people as a positive change.

### **Outcomes, Issues, and Future Directions**

The impact of coordination on victims, offenders, and services has grown over the last decade. The specialized domestic violence units would not have been created without community pressure from the outside, including from victim advocates and service providers. There is evidence to suggest that the specialized units have decreased the number of domestic violence homicides in San Diego. The number fell from 22 in 1991 (prior to complete implementation of both specialized units in the San Diego Police Department and the San Diego City Attorney's Office), to 9 in 1992; it has remained near 10 per year since that time. Over this same period, the number of domestic violence cases reported by the San Diego Police Department increased significantly from under 7,500 to over 15,000. The



specialized units have also had a significant impact on the number of cases issued and the number of cases convicted by the City Attorney's Office.

Service providers and advocates all report that there are more services now than there were a decade ago, and many report the quality of the services has improved since the DV Council began. The fact that providers know what other agencies are doing and maintain regular contact with other agencies keeps providers honest and quality of services high, in the opinion of many we interviewed.

There is still a need for more services, especially alcohol treatment, mental health services, services for children, and services for gay men and lesbians. Funding constraints contribute to the lack of services. The largest number of providers report that services for children who witness domestic violence and services for gay men and lesbian offenders and victims are the most pressing needs of the community.

At the time of this study, the DV Council was planning to meet for an intensive half-day meeting to discuss future directions. Many people feel that they need to set new priorities and work toward new goals. The Council has been very successful in working to change the community's response to domestic violence. However, many feel that they have been riding on their successes too long and they need to create new successes.

Additionally, one of the major players in the domestic violence community is currently running unopposed for City Attorney. Because of his involvement in the DV Council and establishing the vertical prosecution unit in the City Attorney's office, he has developed several plans for his tenure as City Attorney. These plans include the developing an around the clock domestic violence arrest team of two police officers to follow-up on all bench warrants issued in misdemeanor probation for being out of compliance with their treatment program; a stalking policy; strengthening the education programs; and enhancing on-going training efforts.

## **San Francisco, California**

San Francisco is a densely populated city of 730,000 with a very culturally and ethnically diverse population. Of San Francisco's total population, about half are white, 30 percent are Asian/Pacific Islander, and roughly 11 percent are African American. Nearly 14 percent of the population is of Hispanic origin. About one third of the population is foreign born, and a substantial share of residents (more than 40 percent over the age of five) speak a language other than English at home. San Francisco also has many gay and lesbian residents, who have a strong community presence. The community is relatively more affluent and well-educated than average; its median household income of \$33,414 was higher than the U.S. average of \$30,056 and more than one-third of San Francisco's residents have attained at least a bachelor's degree compared to only 20 percent of the U.S. population as a whole. These characteristics have both enabled and challenged San Francisco to develop a response to domestic violence that is sensitive and appropriate to the service needs of various groups.

### **Overview of the Coordinated Community Response**

San Francisco has a long history of interagency collaboration and political activism on many issues, and the community's response to domestic violence follows in this tradition with a well-established and comprehensive network of agencies that work together on domestic violence issues. A broad range of stakeholders participates in the coordination efforts including many social service, health care and law enforcement agencies, the courts, the media and private citizens. Interactions among the various agencies are generally characterized by a spirit of cooperation and a commitment to the shared goal of improving domestic violence services.

The Family Violence Prevention Fund, a non-profit organization that focuses on domestic violence education, prevention and public policy reform both within San Francisco and nationally, provides a strong advocacy presence, and together with domestic violence shelters and service providers has provided sustained leadership and initiated many collaborative efforts. Throughout the years, a number of domestic violence coordinating bodies have been formed. At present these include the Domestic Violence Consortium (a

longstanding group of domestic violence service providers), and the recently-created Family Violence **Council**, which includes broader representation. The various committees in the community have facilitated interactions among agencies, created widespread institutional change, and developed a service system that is responsive to the diverse needs of battered women and men in the San Francisco community. However, while most of the key domestic violence service providers are part of these efforts, other agencies who also serve battered women and men but whose primary focus is not domestic violence have not been an integral part of this network to date. However, new organizations have learned of the Consortium's work and recently expressed interest in collaborative efforts.

Coordination related to domestic violence takes a variety of forms in San Francisco including joint trainings, formal service contracts between providers, and co-location and co-management of programs. Given the long-term collegial relationships among the various providers, a great deal of informal coordination takes place as well with agencies contacting one another directly to address specific problems.

### **History and Development**

Some of San Francisco's earliest efforts to improve the response to domestic violence occurred in the early 1980s. La Casa de las Madres, the oldest shelter in San Francisco, was established during this period, as was Woman Inc. which provides legal assistance and counseling to battered women. At the same time, a number of other changes occurred within the criminal justice system. In 1980, the Coalition for Justice for Battered Women, a group of legal professionals and other persons concerned about the criminal justice system's response to domestic violence, applied for a federal grant to establish the Family Violence Project (now the Family Violence Prevention Fund), a victim advocacy unit within the District Attorney's Office. The Family Violence Project was created to assist battered women during the legal process through counseling, service referrals, court accompaniment, and advocacy within the criminal justice system. The Family Violence Project worked closely with the police and prosecutors and educated these agencies about domestic violence issues through their joint efforts.

The early 1980s saw further change in the criminal justice response when the newly-elected District Attorney fulfilled a campaign promise to create a “vertical” domestic violence prosecution unit. Initially, the District Attorney’s domestic violence unit was staffed by one attorney who monitored all domestic violence cases for consistency in prosecution and personally prosecuted only the more serious cases. Over time, the unit added two attorneys and expanded its role to prosecute all domestic violence felonies and some misdemeanors. The “vertical” prosecution policy adopted by this unit means that the same prosecutor handles an individual case from arraignment through sentencing.

During the mid-1980s, domestic violence service providers formed the San Francisco Domestic Violence Consortium to minimize competition among themselves for funding. At that time, domestic violence services received funding from marriage license fees, which were administered by the city Commission on the Status of Women. The Consortium and the Commission subsequently requested and received additional money for domestic violence services from the city’s general funds starting in 1985. Currently, these two funding sources provide more than \$1 million annually for domestic violence services in San Francisco and continue to be administered by the Commission on the Status of Women. The city’s three domestic violence shelters--La Casa de Las Madres, the Asian Women’s Shelter, and The Riley Center--which together have a total of 70 beds, receive priority for this funding.

Prior to the Consortium, money from marriage license fees was allocated by an expert panel for the Commission, which was lobbied heavily by agencies competing for funds. The Consortium created a structure for the various shelters and service providers to develop funding priorities as a group and to formulate an overall plan for how the domestic violence money should be divided. Each member agency then prepares and submits its own funding request to the Commission in accordance with the plan. Membership in the Consortium has grown from its original 3 members to 15 members currently.

Developing resources for member agencies has remained a major role of the Consortium. In the early 1990s, the Consortium established Partners Ending Domestic Abuse, a group of professional women, to increase private donations for domestic violence. In the fall of 1994, the Partners Ending Domestic Abuse distributed \$40,000 in its first

round of grants to Consortium member agencies. Since 1993, the Consortium and Partners Ending Domestic Abuse have shared a full-time staff member who coordinates the two groups' activities.

The Family Violence Prevention Fund (FUND), which was incorporated in 1989 as a private, nonprofit organization, has played an important role in San Francisco's coordination efforts since the early 1980s. Over time, the FUND's work has grown to include training law enforcement, the judicial branch, and health care agencies, addressing abuse among immigrant women, and promoting public education and prevention efforts locally and nationally. The FUND also raised money through grants and private sources which enabled it to further expand its activities beyond the victim advocacy work of the Family Violence Project. As a result, the FUND broke off from the District Attorney's Office in 1989 to pursue a broader agenda which included immigration and health issues related to domestic violence. The Family Violence Project remained a victim advocacy unit within the District Attorney's Office, and program funding and oversight responsibility were assumed by the District Attorney at that time.

A critical event in San Francisco's history occurred in 1990 when a woman, Veena Charan, was murdered by her husband after seeking help numerous times at several different agencies. The Domestic Violence Consortium requested that the Commission on the Status of Women evaluate the city's response to this case. The Commission formed a subcommittee consisting of legal professionals, advocates, and service providers to assess the response to the Charan case by six agencies: San Francisco Police Department, San Francisco District Attorney's Office, Adult Probation Department, Municipal Court, Criminal Division, Family Court Services (a mediation agency for the Court), and Department of Social Services. Every agency, except for Family Court Services, cooperated with the investigation. The Charan Investigation Report described each agency's actions in the case and identified areas for improvement.

Many people in San Francisco identified the Charan investigation as a turning point in the community's response to domestic violence, particularly for criminal justice agencies. For example, the final report recommended that both the police and adult probation

departments establish specialized domestic violence units. The police department began operating a domestic violence unit in 1995, and one respondent identified the Charan investigation as the focal point for the department's decision to create this unit. The probation department has planned a special unit and expects to have it fully staffed and operational in 1996.

Over the years, a number of ad hoc groups have been formed in San Francisco to address problems in the community's response to domestic violence. For example, the Domestic Violence and Justice Committee was established several years ago to increase the number of emergency protection orders issued. One of the newer coordinating groups is the Family Violence Council which was created in 1995. Unlike other ad hoc groups, the Family Violence Council was legislatively mandated by the San Francisco Board of Supervisors, in part to create a coordinating group for the city's grant under the U.S. Department of Justice's Violence Against Women Act (VAWA) program.

The purpose of the Family Violence Council is to recommend policies and programs to increase awareness and reduce the incidence of domestic violence. The Council focuses largely on the legal aspects of the community's response, and members of its policymaking body include judges from the Superior and Municipal Courts in addition to representatives from police, adult probation, the District Attorney's Office, the Domestic Violence Consortium and the Commission on the Status of Women. The Council's Advisory Committee includes 35 members who represent a range of interests, including various ethnic communities, the gay and lesbian communities, religious and business communities in addition to the media and domestic violence survivors. To date, the Council has created at least nine working groups which are presently developing plans in a number of areas including community education, court systems, family violence data, health care, and offender intervention.

Recently, health care providers have begun to play a larger role in the city's response to domestic violence. The health care community has been involved with domestic violence services since the 1980s when the FUND trained hospital staff and provided on-site crisis intervention services to battered women at San Francisco General Hospital. In recent years,

the FUND produced a resource manual to guide health care providers in developing an institutional response to domestic violence, which was pilot-tested in 6 sites in Pennsylvania and 6 sites in California, including San Francisco General Hospital. A multidisciplinary team at San Francisco General Hospital developed protocol and materials to identify domestic violence and trained hospital staff in these procedures. Hospital social workers meet with every woman identified by the doctors as a domestic violence victim to provide information and referrals for other services. The FUND recently expanded this project to provide training and resource materials to public health and community clinics, including three clinics in San Francisco who are currently developing their own domestic violence protocol, and model response programs.

### **Features of the Coordination**

#### *Coordinating Committees*

A great deal of coordination takes place in San Francisco through the work of the various committees. As previously noted, the community has a long tradition of collaboration and forming coordinating groups to address particular domestic violence issues. The Domestic Violence and Justice Committee is one example of a group formed to address a specific problem. In California, police officers can contact a judge 24 hours a day to issue an immediate emergency protection order (EPO) at the scene of a domestic violence incident. However, in 1993 only about 3 EPOs were issued each month. To increase the use of EPOs, the FUND, together with the San Francisco Neighborhood Legal Assistance Foundation (SNLAF), initiated the Domestic Violence and Justice Committee with representatives from law enforcement agencies, the courts and Consortium members. The committee worked with police and the Courts on this issue, and by 1996 the number of EPOs issued had risen to over 100 per month. The Committee has subsequently shifted its focus to address issues around California's new stalking law.

The Domestic Violence Consortium was created with a broader objective to coordinate services and avoid unnecessary duplication. The Consortium currently has 15 members that include the key providers of shelter, legal assistance, transitional housing and crisis and counseling services to battered women and men, and 2 associate members who work with batterers. The Consortium's membership criteria require that an agency be a nonprofit

organization operating in San Francisco for at least two years, and that the agency, or at least part of the agency's programs, must have a primary focus on serving battered adults and their children. The agency also must support the missions and values of the Consortium and have a philosophy that approaches domestic violence as a societal problem rather than an individual problem. While these criteria include most agencies who provide services specifically for domestic violence, other community agencies, like community centers, who serve battered women and men but whose primary focus is not domestic violence are excluded by these criteria.

### *Service and Resource Coordination*

While the Consortium laid the foundation for its members to develop funding priorities for the city money and marriage license fees, the effects of this arrangement extend beyond these funding sources. In one instance, California recently appropriated state money for domestic violence, but specified that the funds must be used by shelters. Since the Consortium had already created a structure for member agencies to address funding issues, the shelters partnered with other Consortium agencies to give these agencies access to the funding as well. For example, one shelter subcontracted part of its state grant to a legal services agency to provide legal assistance to the shelter's clients.

The San Francisco community provides other examples of ways to share resources and consolidate services. At one time, all 3 shelters in the community operated separate '24 hour crisis hotlines. To minimize duplication of this service, the shelters contracted with another organization to operate a single hotline during the night and weekends with the shelters sharing the cost of this service. In another example, three legal services agencies established and co-manage the Cooperative Restraining Order Clinic to help battered women obtain restraining orders and other legal assistance.

Given the diversity of San Francisco's population, agencies have worked together to improve services for specific groups. Within the Asian community, over 40 different languages are spoken. The Asian Women's Shelter has a multi-lingual capability and acts as a resource for other community agencies. When a woman speaking an Asian language calls one of the city's domestic violence hotlines, the call is transferred to Asian Women's Shelter



staff who determine the language being spoken and locate an interpreter to work with the woman.

A recent venture between the FUND and the Mission Police Station targets the Hispanic community, which often underreports domestic violence due to cultural factors and language barriers. The FUND's Community Access and Advocacy Unit is collocated with the Mission Police Station in a predominantly Hispanic community. The program's three bilingual Spanish-speaking staff review police reports on domestic violence incidents and follow-up with the victim to encourage her to come in for assistance. The program offers crisis intervention and counseling services to these women as well as to women who have not filed police reports but who come into the station seeking help.

#### *Criminal Justice System*

In general, the domestic violence community and criminal justice agencies have developed cooperative working relationships and undertaken a number of collaborative efforts over the years. It is the FUND's philosophy to involve the targeted agency(ies), in addition to domestic violence advocates and agencies, in their institutional change efforts. As a result, law enforcement and domestic violence agencies have served together on a number of committees, including the Domestic Violence and Justice Committee and the Family Violence Council, and have jointly developed solutions to problems in the domestic violence response. The Courts are the weakest link in the criminal justice system's response to domestic violence in San Francisco, according to several respondents. To date, the Courts have played a lesser role in the coordinated response than the community's other criminal justice agencies.

There has been a considerable amount of education and training across the various agencies. For example, the FUND developed training programs and during the 1980s trained all members of the San Francisco Police Department in domestic violence. Police have also trained Consortium members and other community agencies on the role of the police in domestic violence. Today, the FUND chairs the Domestic Violence and Justice Committee which is training all of the command staff of the police department. Domestic violence training is a regular part of recruit and advanced officers' training programs.

The cooperative relationship between the domestic violence advocates and the criminal justice agencies may be due, in part, to the historical relationship between the Family Violence Prevention Fund and law enforcement agencies. In San Francisco, direct victim advocacy services were developed by an independent group from within, rather than outside of, the criminal justice system. In this respect, the advocacy model adopted by San Francisco differs from that used in many other communities. Although the Family Violence Project (the precursor to the FUND) was located within the DA's Office, steps were taken from the beginning to ensure that the program remained community-based and had some autonomy. For example, the Family Violence Project was funded as a separate line item in the District Attorney's budget and governed by policies defining its primary role as victim advocacy, rather than a part of the prosecution. In addition, the Family Violence Project was part of the FUND's broader work that maintained other staff and programs outside of the District Attorney's office.

Another important feature of this advocacy model is the Family Violence Project's ability to maintain the confidentiality of its clients. Information that the Family Violence Project staff obtain from victims remains confidential and is not shared with the prosecution or defense. Many people view this as a good policy because it allows victims to discuss issues freely with an advocate without fear that the information will be used in court. On the other hand, some people acknowledged that it takes time to build trust between advocates and prosecutors who may sometimes have conflicting goals. The Family Violence Project and the prosecutors in the domestic violence unit work closely, even though the advocates do not share confidential information about the cases with the prosecutors.

Recently, law enforcement agencies have become more specialized which has affected their response to domestic violence and their interactions with other agencies. The police department's domestic violence unit now investigates all domestic violence cases. The unit has 13 investigators and assigns priority to cases in which the perpetrator is on probation or parole for a prior domestic violence offense or has a substantial number of prior arrests for domestic violence.

Several people noted that in the past few years, the police response to domestic violence has improved in San Francisco, with officers being better trained and more sensitive to these cases. In addition, the special unit provides an easily-identified place within the Department for other agencies and the public to contact about domestic violence issues. The unit's commanding officer has set protocol that other agencies should contact her directly with questions or problems related to domestic violence. The biggest constraint for the unit has been limited resources, including office space and staff, rather than resistance from within the Department.

The joint effort of the FUND's advocacy program and the Mission police station provides an example of successful collaboration between service providers and police. Program staff of the Community Access and Advocacy Unit work quite closely with officers in the Mission police station. For example, when officers feel that a victim in a particular case needs assistance, they will often bring this to the attention of program staff. Program staff also provide feedback to officers informally through discussions about problems or issues with the way a particular case was handled by the police. As officers have seen how the program can make a difference in their work, they have grown to accept the program more. One person reported that the officers are proud of the program and brag to other Districts about it. The program has also enhanced the police relationship with the community by bringing people into the police station who have not previously had positive interactions with the police.

The specialized unit planned for the probation department will consist of six probation officers to handle all felony and misdemeanor domestic violence probation cases. Since the unit will not increase the level of supervision for domestic violence cases, no additional resources are required to form the unit. The unit aims to ensure consistency in the way the cases are handled, as the specialized staff become more familiar with the laws, resources and programs available for domestic violence.

The probation department is one of the few agencies to have contact with both the victim and the batterer, and thus the unit is in a unique position to assess the whole situation and work with both parties. Through its involvement with victims, the probation

department sometimes makes referrals to domestic violence services like the Family Violence Project, legal services and shelters. The department also interacts frequently with batterer intervention programs. State law requires the department to certify batterer intervention programs, and in California, participation by offenders is mandated for 52 weeks. To be certified, a program submits an application to the department which then interviews and visits the program. The probation department also has ongoing communication with batterer intervention programs to monitor probationers' compliance. One person felt that the special unit will improve this communication as probation officers become more knowledgeable about the programs and program staff know who to contact about problems.

There are two batterer intervention providers in San Francisco, and both provide ongoing 52-week programs consisting of 2 hours per week, based on the curriculum from the Duluth model. Offenders pay for each session on a sliding fee scale, and these fees cover the entire budgets for both agencies. The programs strongly encourage clients to continue to attend weekly meetings after completing the program. As one provider said "when they go back to their community, they will only find reinforcement for their old behavior."

#### *Health Care Providers*

San Francisco's response to domestic violence has been strengthened by recent institutional changes within the health care community. For example, San Francisco General Hospital has developed and implemented changes in its policies for addressing domestic violence. As a pilot site for the FUND's health care project, a multidisciplinary team from the hospital received resource materials, technical assistance and training from the FUND. The team, which included administrators, doctors, nurses, social workers, and a local domestic violence advocate, used these as a basis to formulate a response policy for the hospital and to develop a packet of materials for staff to use in responding to domestic violence cases. The emergency room was the first hospital department to train staff and adopt the new protocol. All emergency room staff, including paramedics, nurses, doctors, social workers, interpreters, clerks and security officers, have been trained in the new procedures. Training and use of these protocol are beginning to occur in eight other hospital departments as well.

Public health clinics in San Francisco are also beginning to develop domestic violence policies using the FUND's materials as a starting point. However, there are several differences between the services provided by public health clinics and emergency rooms, which may influence the features of the public health clinic's protocol. While the emergency room usually sees only the victim of domestic violence, both battered women and their batterers may seek care from public health clinics. Also, the emergency room typically sees the victim only one-time and the victims usually have specific injuries caused by domestic violence. Public health clinics, on the other hand, provide primary care for a wider range of conditions related to abuse such as depression, abdominal pains, chronic headaches, or other stress-related disorders. Public health clinic staff must take these differences into account in developing their protocol. However, like San Francisco General Hospital, the public health clinics have assembled multidisciplinary teams to develop the protocol which will assign different responsibilities to various staff within the clinic.

The San Francisco Family Violence Council has developed county-recommended domestic violence protocol and training guidelines which have been endorsed by the major city leadership and health organizations. These protocol and guidelines will be distributed to all hospitals, clinics and physicians in the San Francisco community in October 1996.

#### ***Other Community Agencies and Services***

Other community agencies interact to some extent with domestic violence service providers, although they historically have not been part of the established domestic violence network. For example, one shelter does outreach to churches, temples, English as a second language (ESL) programs, and health clinics to discuss domestic violence and the shelter's services, based on the assumption that face-to-face contact with these providers was important in building relationships. The shelter has also established an informal relationship with a transitional housing program in the community that used to deny services to non-English speaking people. The shelter advocated for its clients with this program and has had some success in overcoming this problem. Although interactions between domestic violence organizations and other community agencies have traditionally been somewhat limited, the Family Violence Council draws its membership from a broad base and may increase dialogue between these groups.

The community's response to domestic violence is affected by shortages of services in some areas, particularly transitional housing and mental health. There are two transitional housing programs for battered women and their children after they leave emergency shelter. However, these two programs, both of which are Consortium members, are insufficient to serve all women needing services. Many respondents felt that the severe shortage of transitional housing limits the options for battered women leaving emergency shelter.

It has recently become more difficult for battered women to obtain mental health services due to the shift to managed care for publicly-funded health services. Public mental health agencies can no longer accept clients who are referred directly by the shelter or who request services themselves. Instead, a "gatekeeper", who is usually an individual's primary care provider, must refer the person for mental health services. These providers often do not have extensive experience with domestic violence and may be reluctant to make referrals for mental health services presumably because they do not perceive the benefits of these services in domestic violence cases. In addition, there are often financial disincentives for primary care providers in managed care plans to refer to speciality care, which may further limit access for mental health services. The shelters have developed their own mental health service components and provide counseling services. However, women who need services beyond what the shelter can provide experience a long wait. Public mental health services remain part of the domestic violence network; one community mental health agency that runs a program specifically for victims of physical or sexual abuse is a member of the Consortium.

Recently, the FUND has shifted its focus to mobilizing community rather than institutional responses to domestic violence, as reflected by some of their current efforts. For example, one project is training ten monolingual Spanish-speaking women about domestic violence issues and the services available at the Mission Police Station. The goal of this project is to "get the word out" about these issues and services to the Hispanic community. The FUND has another project within the Filipino community which seeks to reframe cultural norms and develop culturally-appropriate messages that mobilize members of the Filipino community to take action against domestic violence.

### *Informal Coordination*

The well-established and long-term relationships between the various agencies in the San Francisco community foster a great deal of informal coordination as well. Since many of the agency staff have served on committees together, they are comfortable raising issues informally.

A number of people reported that they typically rely on informal means to obtain services, or to identify and address problems. One person described the informal networking as "... so institutionalized that it just happens because people don't think to do things another way."

### **Other Community Context for Domestic Violence**

#### *Community Characteristics*

The active nature of the San Francisco community was reported to be an important factor in the city's approach to coordination. San Francisco is characterized by a culture of cooperation which enables people to come together and accomplish things quickly. The city's style was summed up by one respondent: "Things in San Francisco have to be coalition based. It's really the nature of the city." The FUND reflects this orientation in its role as the leading domestic violence advocacy organization. In San Francisco, domestic violence advocates tend to work in conjunction with other agencies, rather than trying to influence the agencies by other means.

The sustained participation and leadership of a number of people also contributes to the successful cooperation between agencies. Many of the people interviewed for this study have been working on domestic violence in San Francisco for more than a decade. Thus, many of the people central to San Francisco's efforts have worked together on numerous committees and served on each other's boards. This continuity has formed well-established working relationships and built trust among the various parties. It has also created a network of people working on this issue that are readily known throughout the community. In addition, the long tenure of the leadership has enabled the community to institutionalize its approach to coordination.

### *The Legal Environment*

A number of California laws were reported to be important factors in the community's response to domestic violence. California penal code defines domestic violence as a felony, making it a more serious offense than a similar assault by an unrelated individual, which is a misdemeanor and requires a citizen's arrest. By making domestic violence a felony, a police officer can arrest the perpetrator *if the victim has a visible injury or an injury requiring treatment*, thereby taking the burden off of the victim for pressing charges. The domestic violence statute was recently expanded to include violence between same sex partners. The San Francisco Police Department emphasizes felony arrests for domestic violence, and perpetrators in domestic violence cases are charged with a felony whenever possible. The Department has also adopted a mandatory arrest policy, so that if an officer responds to a call and there is evidence of a crime, the perpetrator must be arrested. Many people felt that the felony law and mandatory arrest policy were important factors in the law enforcement response to domestic violence.

Until recently, a judgement called "civil compromise" was used quite frequently in domestic violence cases in San Francisco. A civil compromise basically dismisses the case and the defendant has no criminal record. Statewide statistics indicated that Judges in San Francisco issued civil compromises in domestic violence cases more than Judges in any other part of the state. Members of the domestic violence community provided this information to the media and the number of civil compromises decreased. Currently, there is legislation pending to eliminate civil compromise for domestic violence cases.

### **Outcomes, Issues and Future Directions**

San Francisco has successfully built a community response to domestic violence that provides a number of avenues for agencies to share information and resources. Many different agencies participate in San Francisco's efforts, and new agencies have been added over time. Coordinating committees have been widely used for a number of purposes and have given the community considerable experience in working collaboratively to resolve problems. One respondent attributed the success of San Francisco's efforts to the active involvement of the community noting that "in San Francisco, things are not being developed outside and laid onto the community...instead, people in the community have developed and



implemented the vision themselves.” This cooperative spirit permeates much of the community’s activities. Another strength of San Francisco’s model is the open communication between agencies, which enables them to identify problems and develop solutions quickly.

This well-developed domestic violence response has a number of benefits for victims of domestic violence. First, the cooperative relationships between the agencies make it easier to access each other’s services. According to one provider, “if someone needs domestic violence services, there’s less of an inclination to take no for an answer and more of an inclination to problem-solve.” Second, the well-developed network makes it possible to get services from other agencies faster, since people know whom to call for assistance. Third, the response is more sensitive and appropriate, due to cross-agency trainings and changes in institutional policies and procedures. In addition, since the basic services are in place in San Francisco, the community has been able to focus its attention on improving services for various subgroups including gay and lesbian, immigrant, and non-English speaking populations.

The San Francisco Domestic Violence Consortium has fundamentally changed the way domestic violence agencies work together and share resources. The Consortium promotes cooperation and coordination between agencies, since agencies look to the Consortium and each other for funding. In 1995-96, nearly one fifth of the total proposed budget for Consortium agencies will come from the city funding sources. Consortium agencies systematically plan for domestic violence services in the community and develop funding recommendations as a group, thereby maximizing services and resources. One person felt that the Consortium ensures that smaller organizations have access to city funding that they might not otherwise have. Another person noted that the Consortium frequently rallies around and supports member agencies that are facing financial or other difficulties.

Agencies that are not members of the Consortium do not actively participate in this process in San Francisco. For example, the competition for city domestic violence money is open to *all* community agencies--not just Consortium members--and the Commission

encourages all agencies to apply for funding. While the Consortium has its own process for coordinating funding requests for member agencies, it does not control who receives the city funds. The Commission has struggled to get other community agencies to apply, but last year, it did not receive any proposals from non-Consortium members. One person attributed this to reluctance by community agencies that are not specifically domestic violence programs to apply, although others questioned the qualifications of these agencies to carry out domestic violence programs.

However, some of these community agencies serve battered men and women, since not all victims of domestic violence seek assistance from agencies that specifically provide domestic violence services. Instead, some people prefer community-based service providers such as church-based programs and community centers, which do not have a primary domestic violence orientation. In San Francisco, this was reported to be particularly true within the African American and Hispanic communities. One person felt that battered women in the African American community often prefer to seek services from within their own community unless the situation is severe. Women in these communities may seek help from someone at their church or in a neighborhood program, whose services and approach often differ from traditional domestic violence programs. For example, one faith-based program serving the African American community in San Francisco works with a substantial number of battered women. In some cases, this program provides counseling to the entire family including the batterer. This approach differs philosophically from the basic approach of domestic violence providers which work to empower battered woman. Although they have not been a part of the Consortium and have not received city funds, one person noted that this provider had been successful in raising support for their program and services through other means.

Several people noted the need to expand the community's effort to include other types of organizations. The religious community, corporate and public employers, community-based agencies, and representatives from certain ethnic communities were all mentioned as groups that should be involved in some broader way. Several people also felt that Child Protection Services (CPS) should be more involved in coordination efforts.

The courts are a weak link in San Francisco's response to domestic violence. Many respondents identified the Judiciary as the community's major deficit. To date, the courts have not been a major focus of the community's efforts, and judges have not been receptive to education and information from the domestic violence community. In San Francisco, there seems to be unresolved tensions about how the courts can become involved in the community's efforts and still be perceived as impartial. The Family Violence Council represents an attempt to involve judges in this issue and people are hopeful that this will improve the court's response, although this is a new area where the community has little experience to date.

## **CHAPTER 4**

### **CREATING AND MAINTAINING CHANGE**

The fundamental changes that have occurred in the way each of the study communities responds to domestic violence came about through different means. In every site, however, changing the system was a slow process that took place over a number of years and often had setbacks along the way. Every community has its own dynamics and characteristics which affected the way it brought about change. While the communities in this study used a variety of strategies to reshape their response to domestic violence, some common elements were important to the success of these efforts across the sites. This chapter describes the role of several key factors in creating change: key events, leadership, coordinating committees, and advocacy. In order to change the system permanently, it is not enough simply to put the changes into place. Without ongoing monitoring and coordination among the various agencies, a community risks losing ground as key people or circumstances change. This chapter discusses important considerations for institutionalizing the changes in the community's response to domestic violence and for sustaining these changes over time. The chapter concludes with a discussion of issues for rural communities to consider in coordinating a response.

#### **Key Events**

Key events in a community such as a particular case or project often draw attention to deficiencies in the system and raise public awareness about domestic violence. These events sometimes serve as a rallying point for agencies to mobilize and respond to the problems highlighted by the event.

Three communities in this study (San Diego, San Francisco, and Kansas City) experienced incidents that served as a catalyst for change and prompted collaborative efforts to prevent future tragedies. In some cases, the event resulted in immediate changes. For example, Kansas City viewed the flaws in its protection order process as so serious that changes were made within days of a petitioner's murder.

In other instances, the event set in motion a broader community effort. Both Kansas City and San Diego first formed domestic violence coordinating groups in response to a particular event. Kansas City's first task force was created following a woman's murder, while in San Diego a group of concerned people started meeting after a high profile domestic violence case was dismissed in court. A later incident in San Diego which involved the death of a child led to greater collaboration between the Probation Department and the Children's Services Bureau.

San Francisco had made significant headway prior to the Charan investigation, but this case led to greater action on the part of criminal justice agencies. Following the Charan murder, the community undertook a systematic review of the criminal justice response to the case, which identified specific problems and prompted a number of changes by law enforcement agencies.

Unlike these other communities, Baltimore's efforts did not stem from a particular event. Recently, however, a Baltimore County case involving a judge who sentenced a man to work release for murdering his wife has raised public concerns about domestic violence in the Baltimore community and the judicial response to these cases.

Groups within a community may also create an event to draw attention to particular problems and to facilitate changes. For example, the Court Watch in Kansas City was an effective means to document and highlight problems in how the court handled domestic violence cases, and the fact that it was carried out by a very credible community group strengthened this effort. The results of the Court Watch raised public awareness and also provided the necessary support for a consolidated domestic violence docket in the Municipal Court.

In Baltimore, the DVCC organized a Domestic Violence Summit which brought domestic violence issues to the attention of high ranking officials in the criminal justice system. Several people felt that this meeting was an important factor in subsequent changes made by several of the agencies, including the creation of special units in the police and probation departments and pretrial release services.

## **Leadership**

To form a coordinated response, a community must bring together various agencies that often have not traditionally worked together and motivate them to change their approach to domestic violence. This can be a difficult process which requires strong, consistent, and reliable leadership. The leadership in the study sites came from a number of different sources, but in every community it made a difference in the extent of the changes and the ease with which they were made. The stability of the leadership was also important for the continuity of the community's efforts.

In order for a community to change its response, someone in a position of power within the agency targeted for change must support it. Strong leaders acting in official capacities play an important role in defining the issues, bringing people together, reallocating resources, and/or instituting policy changes. Leadership may come from different levels, but in order to be effective, leaders must have decisionmaking authority and the time and commitment to serve in this role. In several communities (Baltimore, Kansas City and San Francisco), people noted that domestic violence was a priority for the city's mayor at the time that coordination really took off. However, while a mayor's support can place domestic violence on the city's agenda, people felt that numerous competing issues frequently limit the mayor's day-to-day involvement in the coordination efforts. Thus, the mayor can define domestic violence as an important issue for city agencies, but often cannot provide the hands-on leadership required to formulate and implement widespread policy changes.

Heads of agencies face a similar dilemma in that they must deal with many other issues in addition to domestic violence. While the support of the top-ranking official is essential for an agency to change policies or reallocate resources for domestic violence, people at this level are often unable to provide the ongoing leadership needed to move a community's efforts forward. However, when someone at this level becomes involved, changes often occur very quickly. For example, in Kansas City, the current Jackson County Prosecutor was concerned about the small number of state charges filed in domestic violence cases, and she assigned a prosecutor to the police department to review all domestic violence

cases. Because of her position, she was able to negotiate a plan with the Chief of Police and quickly reallocate her staff for this purpose. In both Baltimore and San Francisco, special domestic violence units were created by newly-elected prosecutors who had campaigned on this issue. In addition to reallocating resources, top officials can also make policy for the agency. For example, the Kansas City Police Chief supported mandatory arrest for domestic violence and instituted this policy in Kansas City several years before it was implemented statewide.

Within individual agencies, senior staff may also serve as leaders both for their own agency's efforts and for the broader community. Staff at this level have the authority to make decisions on behalf of their agency, and may also have more time to devote to the efforts. In Baltimore, senior staff from the various criminal justice agencies pushed forward changes in their own agencies and also played an active role on the DVCC. Senior staff may also be able to influence other agencies in the community. In San Diego, for example, the head deputy city attorney in the City Attorney's Office has been crucial to getting all players on board and convincing city and county officials of the importance of the issue. Also in San Diego, a detective in the police department analyzed the department's response to domestic violence, and the findings of this analysis led to the creation of the special police unit.

Individual judges were leaders in the coordination efforts in Baltimore and Kansas City. In Baltimore, the administrative judge for Baltimore City District Courts serves as the co-chair of the DVCC and has been active in the community's coordination efforts for a number of years. Several DVCC members viewed this involvement as critical because it makes committee members more cooperative and willing to follow through on initiatives. Judges also have been an integral part of Kansas City's efforts. In the early years, the presiding judge for the Circuit Court was very sensitive to domestic violence issues and was able to facilitate a number of changes in the Courts. Currently in Kansas City, the judge for the protection order docket in the Civil Circuit Court serves as the chair of the Adult Abuse Committee. In Northern St. Louis County, the chief judge chairs a new committee to bring non-traditional players into the efforts (e.g., business, health and education leaders). Because of their stature in the community, judges are often well-positioned to provide leadership for a community's efforts, particularly within the judiciary. However, some

judges are reluctant to assume a leadership role because they do not want to appear biased about domestic violence.

Leadership from non-criminal justice agencies can be equally important to the success of a community's efforts. Outside organizations can ensure consistency in the efforts when elected or appointed officials change and keep attention focused on the issue over time. In four communities (San Francisco, Kansas City, Northern St. Louis County and Carlton County), a great deal of change was motivated by effective leadership from domestic violence advocates, as described in the advocacy section below. Former victims of domestic violence also facilitate change in some communities. In Carlton County, several founding members of the Rural Women's Advocates were themselves former victims of domestic violence. In another community, a detective who motivated changes in the police department's response was also a former victim.

In some sites, leadership and direction from the state has been instrumental in encouraging, and sometimes requiring, change at the local level. The Domestic Violence Task Force created by the Governor of Missouri in the mid-1980s was an important factor in Kansas City's efforts. The chief of police grew interested in domestic violence through his involvement in this task force, and he remained a leader in Kansas City's efforts for a number of years.

Minnesota has demonstrated strong state leadership on domestic violence issues which led to changes in both Northern St. Louis and Carlton Counties. For example, Minnesota established a policy to require criminal justice agencies to either adopt a model state policy for handling domestic violence cases or write their own policies for these cases. Minnesota also supports a statewide structure of regional coordinating councils on domestic violence and has enacted several policies to change the judicial response on a statewide basis.

The state judiciary can improve the courts' response through training for judges on domestic violence issues. In fact, some people felt that state-level involvement was necessary to ensure that judges receive domestic violence training, since some they thought



that otherwise many judges would not participate. Minnesota requires all judges in the state to attend mandatory training on domestic violence. Recently, both Missouri and California held statewide conferences for judges on issues related to domestic violence. Action by local judges in several communities was inspired by attendance at a national conference on domestic violence put on several years ago in California by an association of state Supreme Court justices.

### **Coordinating Committees**

Coordinating bodies are a critical part of a community's effort because they provide a forum for identifying problems and developing solutions on an ongoing-basis. In many communities, the relationships formed through the committee enhanced the community's response beyond the committee's specific activities. Every community in this study had at least one coordinating committee, although the membership and level of activity varied across the sites.

### ***Membership***

Committee membership was broad and included a wide range of representatives in San Francisco, San Diego, and in Carlton and Northern St. Louis Counties. In these sites, the coordination efforts tended to be broad in scope and to focus on a range of activities. The Family Violence Council is the largest of San Francisco's coordinating groups and has a very broad membership including the gay and lesbian communities, religious and business communities, ethnic groups and domestic violence survivors, in addition to the Courts, law enforcement, social service agencies and health care providers. The council's activities include criminal justice and health-related activities in addition to community education. San Diego's DV Council enjoys representation of over 200 agencies and individuals including law enforcement, social service agencies, the medical community, and the military. Similarly, the Family Violence Council in Northern St. Louis County includes broad representation from schools, social services, health professionals, the business community and other community agencies. Between the several coordinating committees in Carlton County, there is representation by victim advocates, the Reservation Business Council, courts, law enforcement, mental health service providers, the education system, county commissioners and community leaders.

In Kansas City, Baltimore and Carlton County, the coordinating committees are more narrowly focused on criminal justice issues, although Kansas City has another coordinating committee for the area's shelters. In these communities, the coordinating committees center largely on criminal justice related issues and activities, and have limited involvement of other community agencies. In Baltimore, this was an intentional decision because DVCC members believed that they would be more successful if they focused on a single area and also felt that they could discuss criminal justice issues more freely if the membership was limited. However, the DVCC is beginning to expand its membership to include other service providers.

The level of staff participating in the coordinating committees also varied across the sites. For example, representatives on Baltimore's DVCC are primarily senior staff from criminal justice agencies and judges, a feature which several people felt was responsible for the committee's success. Because these people have the authority to make decisions on behalf of their agencies, the committee can resolve issues quickly. The DVCC also has a separate Workgroup for front-line staff to discuss coordination issues and policy changes. The response to this group by front-line staff has been very positive and the number of people attending the meetings has risen substantially since it started. In the remaining communities, the committees were more mixed in the level of staff attending the meetings, including both senior managers and front-line staff. While representation of high-level people can lend legitimacy to a coordinating body and result in more timely policy changes, the San Diego DV Council attributes much of their success to broad based community and grass-roots involvement.

#### *Features and Activities*

In addition to committee membership, there were other differences in the organization and role of coordinating committees across the study communities. The number of committees ranged from a single committee in some sites to multiple coordinating groups in other sites. Baltimore, San Diego and Northern St. Louis County have one primary coordinating committee while Kansas City has two committees, one for criminal justice agencies and another for social service providers. San Francisco has several different coordinating bodies, which, for the most part, had distinct and well-defined purposes.

Multiple coordinating committees with related and overlapping missions, can lead to duplication of efforts, as was the case in Carlton County where at least five groups have missions which include domestic violence, either specifically or as part of a broader focus on violence in general.

Some committees are created for a specific purpose while other groups are formed to address domestic violence more broadly. For example, in San Francisco the Domestic Violence and Justice Committee was created specifically to improve the use of emergency protection orders by police. Kansas City has also created several ad hoc committees over the years to address particular problems in the community's criminal justice response. Mending the Sacred Hoop in Carlton County was created to address domestic violence in the Native American community. Groups in other communities typically worked on an ongoing basis to address a wider range of issues and to make more broad-based changes.

The committees also varied in their continuity and stability across the sites. The DVCC (Baltimore), Rural Women's Advocates (Carlton County), the Range Intervention Project of the Range Women's Advocates (Northern St. Louis County), and the DV Consortium (San Francisco) are all standing committees that have been meeting for the past decade. San Diego's DV Council is also a long-term group which began informally in 1987 and became an official task force in 1989. In many cases, committee membership has remained relatively consistent over time, which has further enhanced the committee's stability in some sites. Kansas City, on the other hand, has not had a longstanding committee, but, instead, has formed a series of coordinating committees over the years which typically disbanded after implementing a series of changes. This approach has led to an inconsistent level of effort over the years to keep the pressure on for systems change, in one person's opinion.

Although most committees do not have staff, having a staff person enabled some committees to increase their level of activity. Currently, the San Francisco DV Consortium is the only group which has a staff person to handle certain administrative duties and to coordinate the group's activities. Incorporating as a 501(c)3 initially allowed the San Diego DV Council to hire a full-time staff person dedicated to coordination. However, it has not

been able to secure funding for a permanent staff position. In Baltimore, a federal grant enabled the DVCC to hire a part-time staff person to coordinate the committee's work for two years, and a number of people felt that this has greatly increased the committee's productivity. The coordinator follows-up on issues raised at the meetings and conveys information between the main DVCC committee and the smaller subcommittees and Workgroup. However, the coordinator position was recently eliminated due to the reduction in Baltimore's grant.

Coordinating committees can improve a community's response to domestic violence in a number of ways. They bring together people from different agencies to define broad policies and objectives for the community's response to domestic violence. They also provide a means for people to meet on a regular basis to identify problems in the community's response--both broadly and for individual agencies. Through coordinating committees, individual agencies receive feedback from other organizations in the community about policies and practices that help or hinder the coordination effort. The routine communication established by a coordinating group helps to ensure that problems are identified and brought to the attention of the appropriate person in a timely fashion. Coordinating groups also provide an opportunity for many different people to weigh in on decisions about domestic violence policies and practices in the community. Gaining different input and perspectives helps agencies and programs to develop procedures that are more appropriate for victims or that help other agencies in the system to do their own jobs better.

These groups help to break down barriers between agencies and programs working with battered women and batterers. As long as an open dialogue exists, agencies can gain a better understanding of what roles others play in responding to domestic violence and of the limits others face in carrying out their jobs. For example, the police can learn what prosecutors need to convict a domestic violence perpetrator; shelters and victim advocates can learn the constraints that police officers face in arresting a perpetrator; and prosecutors can learn from advocates why victims frequently recant, minimize or deny the allegations of abuse.

Members of coordinating committees often become an identifiable group of domestic violence experts for the community. Other agencies and programs know who to contact at a particular agency about a domestic violence project, based on their involvement in the coordinating group. Committee members also serve as a resource for the broader community. In San Diego, for example, DV Council members are often sought out for advice by other community organizations, and asked to speak in schools. During a recent summit on violence against women, the DV Council and their expertise was discussed several times in designing strategies to address gaps in the system. In Baltimore, both the DVCC coordinator and the head of the domestic violence shelter are frequently called upon as experts in the community.

The informal networks created by coordinating groups greatly enhance the overall response to domestic violence. Through these groups, service providers meet other providers and have a face to put with a name when they are making referrals for clients. This makes it easier to access services for clients and also speeds up the process, since people know whom to call for assistance. Some respondents felt that these personal relationships also provide incentives for delivering quality services. When a provider personally knows the other providers in the community who refer clients to their agency, they have an incentive to provide a quality service. The increased communication that results from coordinating committees also provides opportunities for agencies to explore other collaborative efforts. In Baltimore, for example, the court and the domestic violence shelter (both of whom are DVCC members) have considered jointly applying for funding for the Domestic Violence Court.

Overall, most people felt very positively about their experiences with domestic violence coordinating committees. However, because many people face time constraints in their jobs, it is important that the meetings be well-organized and structured. Otherwise, some people felt that the meetings can be misused as an opportunity to grandstand or to promote an individual program or service. In some cases, tightly-knit coordinating groups may lead to cliques and exclude other providers who should be involved but are not part of this circle. This may be especially true for groups where the same people have worked together for a number of years and may be less inclined to or unaware of the need to expand their membership.

## **Advocacy**

Advocates play an important role in promoting change both at the systems and individual case levels. Unlike other players who often deal with many competing responsibilities and issues, advocates have a single purpose and can keep attention focused on domestic violence issues and the victim.

### *Systems Advocacy*

In pressing for systems change, advocates must strike a balance between aggressively pushing agencies to change and being co-opted by the agencies. While the advocacy models differed across the sites, there was a great deal of dialogue and interaction between advocates and criminal justice agencies in every site.

In San Francisco, the Family Violence Prevention Fund has built a collaborative working relationship with criminal justice agencies over the past decade. The Fund's philosophy has been to involve the targeted agency ties) in their efforts, and, as a result, advocates and criminal justice agencies work closely and cooperatively in this community. There seems to be a great deal of respect and trust between the agencies in this community which has contributed to the success of their efforts.

Advocates in both Northern St. Louis County (Range Women's Advocates) and Carlton County (Rural Women's Advocates and Mending the Sacred Hoop) have built close working relationships with criminal justice agencies. They have brought together the various criminal justice agencies and worked with them to develop changes in policies and protocols related to domestic violence. Advocates in San Diego are actively involved in the DV Council, but they have not had to be as proactive since criminal justice agencies have taken a great deal of initiative in that community's efforts.

In Kansas City, for an number of years Project Assist played a major role in the coordination efforts that some characterized as happening "behind the scenes." In general, Project Assist worked with the criminal justice agencies to foster change and avoided assuming a strong adversarial role. However, after the Court Watch Project, they did use the media to focus attention on the problems in the court's response. Some people in Kansas

City described Project Assist's role as providing "triage" services and then trying to get the system to take some ownership. As changes have become institutionalized and key positions in the criminal justice system and courts have been filled with people concerned about domestic violence, Project Assist's role in systems advocacy has tapered off in recent years. This shift has also resulted from the departure of key staff at Project Assist.

At times, advocates may face a conflict between advocating for changes and maintaining positive relationships with other agencies. When an advocate becomes too adversarial, it can create tensions and hard feelings between the advocate and other agencies, and, in some cases, undermine the advocate's efforts. In Baltimore, for example, the House of Ruth publicly released statistics that criminal justice agencies shared at a DVCC meeting, without the agencies' consent. As a result, agencies have become reluctant to share data about domestic violence.

#### *Individual Case Advocacy*

Advocates also influence the process by advocating on behalf of individual battered women. In some sites, criminal justice agencies employ victim advocates who serve both the victim and the agency. For example, in Baltimore the State's Attorney's domestic violence unit has a staff person to assist victims and to work hand-in-hand with the prosecution. Victim advocacy may also be provided by an independent source and focus solely on the needs of the victim, rather than playing a role in the criminal justice response to the case. Kansas City has both types of advocates and, at times, the differences in the roles have led to tensions between the two. The court advocates in Kansas City's Municipal Court act as liaisons between the prosecutor and the victim and mainly serve to help victims through the court process. The service advocates, on the other hand, are there to provide information and referrals to the victim, who is their first priority.

San Francisco has a different victim services advocacy model that was developed by an independent group from within the criminal justice system. Although the Family Violence Project is located within the District Attorney's Office, its primary role is to serve the victim in domestic violence cases, not the prosecution. This is reinforced by the agency's

policies that allow the Family Violence Project to maintain the confidentiality of its clients and not share information about the case with the prosecution.

Victim advocacy services are sometimes provided to battered women in health care settings. Having these services available has become increasingly important as more health care providers screen for domestic violence and identify more battered women. Several sites (Baltimore, Kansas City and San Diego) have programs to provide advocacy services to battered women in health care settings. These programs provide advocacy services to battered women referred by health care professionals in the Emergency Room, and sometimes from other hospital department. In two sites (Kansas City and San Diego) domestic violence advocacy programs have located in children's hospitals to serve battered women with children.

Another means to improve the outcomes for battered women more broadly is to change standard practices and to reorient thinking so that professionals routinely assist the victim as part of their jobs. This can be reinforced through training for professionals who are likely to come into contact with battered women (e.g., health care providers and social workers). In several states and communities, criminal justice agencies (whose role has typically focused on the offender) have implemented procedures to include the victim in their response. Minnesota, for example, requires police, prosecutors, and probation officers to contact domestic violence victims and to provide them with a list of services and resources. Several other communities also require police to provide battered women with information on domestic violence services. Probation officers in several sites also routinely contact the victim to let her know about the terms of the probation and who to contact if she has further problems.



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## **Institutionalizing the Response and Maintaining the Commitment**

**Institutionalize** the changes and making them permanent features of the community's response requires an ongoing effort.

### ***Keeping the Momentum***

After making improvements in their response, some communities have struggled to keep the momentum going. For example, members of the DV Council in San Diego feel that they are at a turning point and must develop new goals in order to maintain their momentum around this issue. The Council had scheduled a half-day meeting just after our site visit to reevaluate their role in the community and the direction that they are headed.

Often a critical time occurs when a community that has focused heavily on criminal justice agencies feels their system has become a pretty good one. They appreciate the need for ongoing training of existing and new personnel and maintaining the quality of services. But should they choose to expand their attention to new sectors of the community (e.g., health, child welfare, substance abuse, employee assistance, clergy, mental health services), they may find that new approaches are needed. This can be a stimulating or frustrating period of transition, depending on the interest and commitment of key actors in the new sectors and the capacity of the "old" players to listen and adjust to new circumstances.

The momentum of a community's efforts can be affected by the loss of key people working on this issue. Across the sites, a number of people emphasized the stress of working on domestic violence issues which can lead to burnout and turnover among in people in the field. Thus, communities are challenged to create an effort that is not driven by individual people. For example, Kansas City experienced a shift in its coordination efforts when key staff left Project Assist. In Baltimore, the DVCC has been affected by the recent departure of the individual from the House of Ruth who had served on the committee since the beginning. The House of Ruth is still represented on the committee, but DVCC members and the new representative must establish a working relationship. While it is important to have continuity in the people participating in a community's efforts, new people can reenergize the effort by bringing new ideas.

### *Changing the Environment*

Over the past two decades, there has been a dramatic shift among the professions that deal with domestic violence and the community-at-large. Many people felt that this was an important factor in their community's ability to implement changes in their response to domestic violence and to make these changes a permanent part of the way the community addresses domestic violence.

The domestic violence field has seen a growing professionalism among criminal justice agencies and service providers around this issue. For example, in general, law enforcement officers are less likely to suggest that a batterer "walk around the block" than they would have been twenty years ago. Because of changes in the law and better education about the dynamics of domestic violence, police are more likely to arrest an offender. In many communities, standard policies and practices have changed to improve the way people routinely respond to domestic violence as part of their jobs.

This has been reinforced by domestic violence training for professionals in many fields. Ongoing training is important to maintain the improvements over time by reinforcing the protocol for these cases and keeping awareness raised about this issue. Ongoing training is also necessary to maintain the improvements because turnover among people working in the domestic violence field tends to be high. Also, while some people in an agency have "gotten the message" about domestic violence, there are others who could benefit from additional training.

Changing community norms about domestic violence also contributed to the stability of the community's response. Shifting public attitudes have made some communities much less tolerant of domestic violence and of weaknesses in the community's response. Several communities were actively involved in public awareness campaigns to raise awareness about this issue. San Diego's DV Council recently launched a major public awareness campaign that includes billboards and bus kiosk posters. Including the community as part of the overall response is a strategy used in some sites. In San Francisco, the Family Violence Prevention Fund has several efforts designed to mobilize communities to be part of the domestic violence response. For example, one project seeks to reframe cultural norms within

the Filipino community through culturally-appropriate messages. The goal of these efforts is to promote community sanctions for domestic violence.

### ***Funding Issues***

Funding issues can effect the stability of a community's response in a couple of ways. Funding specifically for domestic violence initiatives gives direction to a community's efforts. For example, the federal grant enabled Baltimore to hire a coordinator and also helped the DVCC to define specific objectives. Many people felt that without this funding, the level of activity would be lower both because the coordinator position would be eliminated and because the committee would no longer be obligated to fulfill specific objectives or have a timetable for various tasks.

Funding issues can also effect the progress made within individual agencies, particularly in cases where additional resources were devoted to the effort. Specialized units that require additional resources because they provide a higher level of service for domestic violence cases were perceived as less institutionalized by respondents in several cases. Staff in some of these programs felt that the unit could be eliminated if the agency changed leadership or experienced funding shortages. This seemed to be less of an issue for programs that simply reorganized staff and reallocated resources to handle domestic violence cases.

### **Changes Beyond the Criminal Justice System**

As communities expand their response to domestic violence to include new agencies or services, they will undoubtedly confront new challenges and issues. As described below, the sites in this study provide several examples of efforts to create systems change that extends beyond criminal justice agencies and domestic violence service providers. But the responses in the study communities are still largely built around these two systems. Chapter 6 elaborates on issues involved in broader coordination efforts.

Four of the sites in this study (Baltimore, Kansas City, San Diego and San Francisco) provide examples of efforts within the health care system to address domestic violence. However, all of these efforts are relatively new. Although there is overlap between domestic violence and child abuse populations, there was little coordination with child protective

services in the study communities. The collaborative effort between the probation department and Children's Services Bureau in San Diego represents the one example of formal and active coordination with child protection. In Baltimore, the House of Ruth and Child Protective Services have signed a "good faith" agreement that does not outline specific protocol but it states their commitment to work together. Mental health and substance abuse providers were part of the coordination in several sites. For example, in San Francisco, a mental health service provider is a member of the Domestic Violence Consortium. In Kansas City, a substance abuse provider and a shelter work closely, although this interaction occurs through the initiative of the individual service providers rather than by a formal agreement between the agencies. Several sites have reached out to members of the business community. The Reservation Business Council is involved in Carlton County's coordination efforts and in San Francisco, the Domestic Violence Consortium established Partners Ending Domestic Abuse (a group of professional women) to raise money for member agencies. Finally, clergy have been targeted by the Range Women's Advocates' training efforts in Northern St. Louis County. Across the sites, there were other examples of ways in which agencies other than criminal justice and domestic violence services participated in the response to domestic violence, however, these efforts typically resulted from informal interactions between individual providers, rather than well-developed or formal efforts.

### **Issues for Rural Communities**

The coordinated responses in Carlton and Northern St. Louis Counties raise a number of issues for rural communities to consider. The experiences of these two rural Minnesota communities in their efforts to create a coordinated community response to domestic violence parallel findings in other inquiries into rural service issues (e.g., mental health, homelessness). Rural communities have many strengths that help the coordination process; at the same time they face some fundamental barriers in terms of resource levels and access issues. The strengths are evident in the two communities we visited for this study. People know each other, people talk to each other, and because of their common experiences, if they decide to work on a problem, they can often be mobilized more easily and more effectively than their more isolated urban counterparts. Whenever one hears about successful rural efforts to address a particular problem, what comes to the fore is the

cooperation among individuals and their ability to use all of their agency's available resources to make a difference. In addition, people are usually there for the long haul, so the same actors can be counted on to play their part over the years that it usually takes to make major changes in a complex system of services.

However, the biggest drawbacks in rural areas are the absolute lack of resources, and the distances and consequent access issues involved. There are no special units, and may not be any critical services such as chemical dependency, mental health, or batterers' treatment within feasible driving distance. Rarely are there special set-aside pots of money. Because there are few services, and therefore few caseload records to document level of need, many rural communities can deny the existence of serious problems for many years. Coordination, or even convening a meeting, can be difficult because of distances and the need to have representation from people in many different very small communities.

The two rural Minnesota communities we visited exhibited the strengths just described, and dealt with the difficulties by starting small and persisting. Rural Women Advocates on the Range has been working for 18 years, and is the hub of all activities related to domestic violence in the area. The Carlton County community coordinating effort is much younger (only about five years at this point). It has accomplished some significant things, but also clearly has further to go because it has not been working at system change for as long. In both communities, virtually all elements of the justice system are parties to the coordination effort. On the Range many participants come from a variety of other agencies and services as well, and efforts are underway to include community opinion leaders (e.g., clergy, business leaders, and educators) who can help change public opinion to create a climate that refuses to support violent behavior.

## **CHAPTER 5**

### **MECHANISMS FOR SYSTEMS CHANGE: FEATURES AND OUTCOMES**

The sites in this study use a variety of tools to improve their responses to domestic violence. This chapter discusses how communities have changed their justice systems through the use of specialized staff and units, training, and laws and policies. It also describes the ways in which communities have moved toward “victimless crime” (i.e., reduced or removed the burden of charging the batterer from battered women) and increasingly held batterers accountable. The chapter concludes with several examples of recent initiatives by health care providers to address domestic violence in health care settings.

#### **Specialized Staff and Units**

In every community except the two rural sites in northern Minnesota, a majority of agencies designate specialized staff or units to handle domestic violence cases (Exhibit 5.1). Specialization enables a group or individual within the agency to become domestic violence experts and to gain considerable experience in handling these cases. Typically, specialized staff also receive more extensive training in domestic violence including the cycle of violence, why victims stay in abusive relationships, and relevant laws and resources. As a result, domestic violence cases can be handled more efficiently since staff become very knowledgeable about the field. Moreover, staff become more sensitive to the unique characteristics of domestic violence cases through their training and experience. This helps them both in preparing cases and also in dealing with battered women. Having a single person or group of people handle domestic violence cases leads to more consistency in the response, which was viewed as a major benefit by people across the sites.

### Exhibit 5.1

#### Use of Specialized Staff, Units and Dockets for Domestic Violence

	Police	Prosecutor	Pre-Trial Release Services	courts	Probation
Baltimore	✓	✓	✓	\1	✓
Kansas City	✓	✓		\2	
Northern St. Louis county					
Carlton county					
San Diego	✓	✓		\3	✓
San Francisco	✓	✓		\4	\5

#### Notes:

\1 At present, Baltimore has a consolidated docket in civil court to handle requests for protection orders. The city also plans to establish a Domestic Violence Court in the near future to handle criminal domestic violence cases in the District Court.

\2 Kansas City has a consolidated docket in civil court to handle requests for protection orders. The Municipal Court also has a consolidated domestic violence docket. In the Criminal Circuit Court, domestic violence cases are arraigned before a single judge, but the trials are heard by different judges.

\3 In San Diego, the South Bay Municipal Court has a dedicated judge for restraining orders and for domestic violence misdemeanor cases.

\4 San Francisco has a domestic violence calendar in Family Court to hear requests for protection orders.

\5 San Francisco plans to begin a special unit within probation during 1996, but this unit was not fully operational at the time of our site visit.

In smaller communities, specialization is usually not feasible. Domestic violence cases comprise a small proportion of any agency's total caseload. In smaller communities, this often means that the number of domestic violence cases is too small for even a single staff person to specialize. This was the case in both communities in Northern Minnesota. In Carlton County, for example, the largest law enforcement agency has fewer than 20 officers and there are only four prosecutors countywide. Larger communities sometimes face this issue as well. For example, in Kansas City one probation office estimated that the entire office had only about 30 domestic violence cases. Since each officer carries a caseload of about 100, there were not enough domestic violence cases to devote a single probation officer to domestic violence.

### ***Police***

All of the larger communities designate special police units or staff to domestic violence cases. Every site except Baltimore has a centralized investigative unit for domestic violence within the police department. Baltimore, on the other hand, designates one or two officers in each district to serve as domestic violence specialists. This approach seems to result in quite a bit of variation in the role and experience of the designated officers in this community.

Patrol officers, who are the first to response to an incident, typically receive some training in domestic violence. Domestic violence cases are then turned over to the specialized units for further investigation. In Kansas City, for example, the responding officer at the scene notifies the domestic violence unit (which is staffed 24 hours a day) about a domestic violence incident. The investigator will then either go to the scene, meet the victim at the hospital or take other appropriate action. In Baltimore, the designated officers receive written reports on all domestic violence cases, and are supposed to follow up with the victim either by letter or by phone.

Specialized investigative units for domestic violence can help prosecutors build strong cases. Investigators in these units become very knowledgeable about what evidence the prosecutor needs and how to work with battered women to obtain this information. However, the gains made in this area do not seem to be limited to specialized units. A



couple of prosecutors noted that police reports on domestic violence cases have improved department-wide, which they attributed to increased training and awareness about this issue.

Police and prosecutors who specialize in domestic violence often form close working relationships because of their routine interactions. This improves communication between the agencies and enables them to share information and resolve problems in a timely manner. San Diego has formalized the interaction between the two agencies by holding joint staff meetings for police and the City Attorney's Office every other week.

### ***Prosecution***

Four communities have vertical prosecution units for domestic violence cases, although the level of cases prosecuted varies across the sites. Some sites target the most serious domestic violence cases, while others focus on less serious offenses because they feel that serious domestic violence cases already receive a lot of attention. In San Francisco, for example, the special unit has always concentrated on felony cases, and assigns priority to the most serious cases. Baltimore's special prosecution unit handles the less serious cases that are not charged as felonies, and felony cases are assigned to other prosecutors. Kansas City and San Diego have taken a different approach by establishing special domestic violence prosecution units in both the City Attorney and County/District Attorney's Offices.

Prosecutors who specialize in domestic violence gain considerable experience in prosecuting domestic violence cases, which have different characteristics from other offenses. Most prosecutors felt that they spend more time talking to domestic violence victims than was typical for other offenses. Victims in domestic violence cases are often uncertain about whether prosecution is a good idea, and need encouragement and reassurance during this process. One person characterized the process as "victim-intense prosecution." All of the units vertically prosecute domestic violence cases, which means that the victim deals with a single prosecutor from arraignment to the conclusion of the case. In addition, the units have victim advocates on staff to provide support to the victim and to help her through the process. In every site except San Francisco, the advocate helps the prosecutor as well as the victim in domestic violence cases and serves as a liaison between the two parties.

Across the sites, prosecutors stressed the difficulty in prosecuting domestic violence cases where the victim is frequently uncooperative and at times hostile. Specialized prosecutors learn to build cases in which victims do not show up, withdraw their charge or change their testimony, and many have developed policies to subpoena victims and, in some cases, to issue body attachments. In one site, several judges noted that prosecutors who specialize in domestic violence are noticeably more experienced and skilled in handling these cases than other prosecutors. They felt that someone attuned to the special circumstances of domestic violence resolves problems with these cases more quickly and effectively.

#### *Probation and Pre-Trial Release Services*

Two sites (Baltimore and San Diego) have special domestic violence probation units. San Francisco plans to begin a special probation unit during 1996, but this unit was not fully operational at the time of our site visit. Probation officers have contact with many different interests in a domestic violence case, including batterers, battered women, the courts, and batterer intervention providers. Thus, they are well-positioned to assess the situation and work with both the victim and offender in the case. Probation officers in some of the specialized units try to maintain frequent contact with the victim. As one person put it, domestic violence is one area where “you know who the victim is ahead of time.” In Baltimore, for example, probation officers routinely notify the victim about the terms of the probation and provide information about what to do if the offender violates these conditions. They encourage the victim to contact them about problems, and have found that victims are becoming more apt to do so.

Specialization allows probation officers to develop close relationships with batterer intervention providers. Since there are a smaller number of probation officers supervising domestic violence cases, batterer intervention providers often get to know the specialized probation officers better than other officers who may only have a couple of domestic violence cases. As a result, people felt that there was much more interaction on cases and that a probationer’s compliance was monitored more closely and problems were identified more quickly.

The special probation units differ across the sites in terms of the type of cases handled and the level of supervision. For example, in San Diego the special probation unit handles only felony domestic violence cases, and misdemeanors are supervised by the court. In San Francisco, on the other hand, the domestic violence probation unit plans to supervise both felony and misdemeanor cases. San Francisco plans to provide the same level of supervision to domestic violence cases as other offenses. The goal of the unit is to improve the response by having officers who are more knowledgeable about domestic violence laws and resources. Alternatively, probation agents in Baltimore's F.A.S.T. unit are assigned smaller caseloads and provide more intensive supervision for domestic violence cases.

Baltimore's Pre-Trial Release Services is the only Pre-Trial Release Program in the country with a specialized domestic violence unit. Similar to Baltimore's probation unit, Pre-Trial Release Services designates domestic violence cases as high priority and provides more intensive supervision for these cases.

### *Courts*

Specialization in the court system is less common, with consolidated dockets for protection orders being more common than for criminal cases. Even rarer is consolidation of all matters (or at least all *civil* matters) involving the same principals, such as divorce, property settlement, child custody, visitation, and domestic violence. Four sites have a consolidated docket or calendar for protection orders, although the features vary across the sites. San Francisco has a domestic violence calendar for protection orders every other week. In Baltimore, one judge is designated the "duty judge" to hear all requests for protection orders in domestic violence cases every day from 8:30 a.m. to 4:30 p.m. In Kansas City, a full-time judge is assigned to the consolidated docket for protection orders. Since the Missouri statute for protection orders is so generous (allowing for child custody and support in the order), having a permanent judge was viewed as particularly important for consistency.

Only two sites (Kansas City and San Diego) have any specialization within the courts for criminal domestic violence cases, although Baltimore plans to establish a Domestic Violence Court in the near future. In San Diego, one judge handles pre-trial matters for all

domestic violence misdemeanors. Kansas City has made the most sweeping changes in this area by creating a special docket in the Municipal Court, where the vast majority of domestic violence cases are tried. Creating this docket was viewed by many as a cornerstone of this community's efforts, but it was also strongly opposed by a number of judges. The consolidated docket allows for better victim advocacy services, since advocates previously had to staff multiple courtrooms. In addition, many people feel that it has vastly improved the consistency with which domestic violence cases are handled. A judge in one site suggested a consolidated docket for domestic violence cases a couple of years ago, but many judges opposed the idea because they want to be generalists and find it too difficult to handle only one type of case. They were also concerned that if there were a single judge, attorneys (both for the prosecution and defense) would question the individual's impartiality in these cases.

Some courts assign a permanent judge to preside over the consolidated docket, while others rotate judges into the position. This can have implications for the effectiveness of the docket. In Kansas City, the docket in Municipal Court initially rotated every six months, and the handling of cases varied tremendously depending on which judge was assigned to the docket. A permanent, full-time judge was later designated to ameliorate this problem. In several communities, changes in the court's response resulted from the actions of an individual judge who is particularly sensitive to this issue. For example, some judges institute a policy in their courtrooms to require defendants to wait in the courtroom while the victim leaves.

Minnesota has integrated its court system, to incorporate civil, criminal, and juvenile courts. This makes it possible for a judge in one court to access information from proceedings in other courts. For example, if a domestic violence offender is on trial in criminal court for an assault or in civil court for violating a child support order, the judge hearing the misdemeanor domestic violence case could access this information. However, this information is not always used, since a judge must actively seek out the information about a case.

### *Specialized Individuals and Programs*

Sometimes individuals become specialists due to desire, experience, or training, rather than through agency policy. Some specialized units were initiated by individuals who became interested in domestic violence through the course of their jobs. In Baltimore, for example, a commanding police officer began an unofficial domestic violence unit in one district before this was department policy. In the Northern Minnesota community, an officer in one police department reviews all domestic violence reports during his shift and follows up with the responding officers. In both these cases, changes resulted from an individual's initiative rather than a department policy.

We also saw several models of special programs and co-locating staff from different agencies. Examples include a joint program between the Children's Services Bureau and the Probation Department in San Diego, and the Community Access and Advocacy Unit that co-locates a victim advocate at a police precinct in a predominantly Latino neighborhood in San Francisco. Many of these special programs seek to improve services for a subgroup of battered women and/or offenders. For example, the joint project between the Children's Services Bureau and the Probation Department in San Diego targets high-risk families where a domestic violence offender is on probation and children are in the home and themselves in danger of abuse. The Advocacy Unit housed in a police precinct in San Francisco focuses on domestic violence in the Latino community.

### *Issues Concerning Specialization*

One issue that communities must struggle with in creating a specialized unit is whether it should narrowly focus on domestic violence or include other related crimes such as sexual assault, child abuse or elder abuse. Several of the units we examined had merged or were considering merging domestic violence with such related crimes. For example, in San Diego, the probation department's special unit covers sexual offenses in addition to domestic violence, and the District Attorney's Office handles both child abuse and domestic violence cases.

Experts we spoke with disagree over the use of this approach. Some feel that merging related responsibilities into a single unit is more efficient and cost effective,

particularly in times of tightening budgets. Others fear that merging responsibility for related but different types of cases hinders true specialization and that other cases may receive priority over domestic violence. In Kansas City, for example, the homicide unit used to handle domestic violence investigations. One person felt that domestic violence cases now receive more attention by the special domestic violence unit. Furthermore, merging related functions may increase the chance that the special units will be further subsumed under more general departments. Some police departments have compromised by housing related functions together, thereby reducing overhead costs, but retaining the specialization of individual staff.

Across the board, people stressed the importance of staffing special units with people who want to be there, rather than by requiring people to work in this area. In fact, many supervisors prefer to have people who are interested in and committed to this issue over people with more extensive experience. Given the special characteristics of domestic violence cases, it is critical for people working in the field to be sensitive about these issues. Most of the units are staffed by people who requested the assignment. In a couple of cases, agencies tried assigning people to the unit regardless of interest or commitment, but it does not appear to have worked well. In Kansas City, detectives were originally assigned to the domestic violence unit who did not want to work there. Since then several detectives have been reassigned and the unit has brought in new staff who requested the assignment.

There were several concerns noted about the use of specialized units for domestic violence. Some people felt that no one should be required to or even allowed to specialize in domestic violence for an extended period of time or an entire career. Burnout tends to be very high among individuals who work in the domestic violence field, due to stress and nature of the job. Furthermore, individuals who only work on one issue may lack an understanding of how their role fits into the broader system.

Agencies that have specialized staff for domestic violence sometimes see less of a need to train and improve the behavior of other staff. As a result the response to domestic violence may be inadequate on an agency-wide basis, even if the response by the specialized unit is particularly strong. One person felt that within the police department there was no

need to train officers in domestic violence since the special unit investigated these cases. However, the front-line officer is still the first person to respond to a domestic violence incident. In several communities, people felt that specialized units had improved the ultimate response considerably, but further improvement was needed in the front-line response. Special units can also create tensions within an agency. This seemed to be particularly true when the specialized staff had smaller caseloads than other staff. If the rest of the agency is not aware of how the special unit's jobs differ, other staff may resent the special unit.

## **Training**

Across the sites, people stressed the importance of ongoing training within all organizations involved in responding to domestic violence, and for staff at all levels within these organizations. Organizations in the sites we visited used a variety of strategies to train their own staff in addition to staff at other organizations. Most of the people we interviewed have had some domestic violence training, although the amount of training varied widely. In some cases, training consists of only one mandatory session or is available for people who are interested in the training but not required for all staff. Some individuals take advantage of every opportunity to learn more about domestic violence through in-service training, outside seminars, and coordinating council activities; others do not.

### ***New Staff and In-Service Training***

Training is important for new staff who will come into contact with battered women and domestic violence issues. This training can improve their sensitivity and awareness, even if they do not *routinely* encounter cases of domestic violence through their jobs. In fact, some communities are considering ways to address domestic violence in the workplace on a larger scale, since the problem is so widespread.

In our sites, new police recruits typically receive some training in domestic violence while at the police academy. For example, since the mid-1980s, California has required all police officers in the state to have some training in domestic violence. New recruits in San Francisco receive 16 hours of domestic violence training at the academy. People in several sites stressed the need for additional in-service training on domestic violence beyond what is

provided to new recruits. Since new officers receive a tremendous amount of information at the Academy and have little context for understanding domestic violence (i.e., they have not yet been out on a domestic violence call), the impact of the initial training may fall short. Ongoing training is also important in the domestic violence field because laws and policies are frequently changing and turnover among staff is often high.

The extent of ongoing training for law enforcement varied widely across the sites. In San Francisco, officers receive a total of 40 hours of in-service training every two years, three hours of which is devoted to domestic violence. This training covers domestic violence laws and the penal code, restraining orders, and the cycle of violence. Kansas City, on the other hand, has not done in-service domestic violence training for several years. One person felt that this was because of other competing issues, and also because domestic violence training is less important since the special unit investigates these cases.

Staff may also acquire training through continuing education. Some professions require people in the field to complete a certain number of hours of education annually to keep their certification current. Domestic violence-related course work may be used to fulfill these requirements. For example, in Minnesota, probation officers are required to complete a certain number of credits each year and sometimes use domestic violence course work to meet these requirements. Some professional associations offer course work related to domestic violence through their own continuing education programs. These provide opportunities for people from different communities to hear how others are addressing domestic violence issues. Training done by other agencies, advocates, and experts in the field that also meets continuing education requirements can provide incentives for staff to attend these trainings.

### *Cross-Training*

Many people we spoke with felt that one of the greatest benefits to coordination was cross-fertilization and cross-training that results from these efforts. Such training gives people a better understanding their role within the overall system and an opportunity to learn about domestic violence from different perspectives. For example, police learn what prosecutors need for a conviction, domestic violence service providers learn what limitations



the police face, and people working with battered women learn from victim advocates about the cycle of violence and why victims stay in abusive relationships.

A lot of education and sharing of information occurs informally in these sites due to the interaction between the various agencies. There are also a number of examples of formal cross-agency training. Advocates provided a great deal of training for criminal justice agencies in many of the sites. In San Francisco, for example, the Family Violence Prevention Fund developed a training curriculum and trained all members of the San Francisco Police Department in the 1980s. Project Assist in Kansas City also did training for law enforcement officers throughout the state. Criminal justice agencies also did training for each other and for other organizations in the sites. In one case, prosecutors trained the doctors and nurses in an emergency room on how to document domestic violence.

In cross-training, it is important to include someone from the agency being trained on the training team. Many organizations are resistant to people coming in from the outside and telling them how to do their job. One person emphasized that trainers “can’t get on a soapbox” in a law enforcement setting. Having someone from the agency involved in the training may give it more credibility. In Kansas City, a captain from the police department paired up with a staff person from a shelter to train law enforcement agencies in outlying communities. Trading training between agencies or inviting other agencies to participate in a training session saves resources and eliminates duplication of efforts.

### ***Training the Trainers***

A number of communities have adopted a “train the trainer” approach. These efforts train supervisors or a small group of staff who then go back and serve as “trainers” for other staff in their organizations. This approach has several benefits. Internal training experts can reduce training costs associated with bringing in an outside training expert or sending a large number of staff to training. It also may be easier to coordinate and schedule trainings that are conducted internally. As previously noted, some agencies are more receptive to training by someone from within the agency.

### *Other Training Opportunities*

Conferences also provide opportunities for further training and for people from different communities to share ideas with each other. Prosecutors and judges in a number of sites had attended regional, state or national conferences on domestic violence that they found particularly useful. In Kansas City, several people from the police department and Project Assist attended a national conference on police training in Washington, D.C., that they credited with bringing focus to their task force's efforts. Outside speakers are another source of training. The DVCC in Baltimore, for example, has hired four national domestic violence experts to meet with police district commanders and members of the Workgroup this summer.

Sometimes communities learn from other communities. Kansas City's task force members visited Denver, whose system was comparable to Kansas City's, to learn more about their response. In San Diego, the U.S. Navy recently sent Navy personnel and domestic violence workers from the community adjacent to the Navy base to Duluth for a week-long training session on the Duluth model for domestic violence prevention.

### **Laws and Policies In Theory and In Practice**

In many of the communities, people credited certain laws and policies with improving the community response to domestic violence. However, there are also laws and policies which continue to hinder efforts to protect battered women and punish batterers. People stressed that while the laws and policies were important, they are only as good as those who enforce them and carry them out. In general, all of these sites are moving closer to proactive arrest and prosecution policies. Whereas in the past there was more discretion in whether to arrest offenders or prosecute these cases, many jurisdictions are strengthening and standardizing the response by eliminating this discretion.

### *Arrest and Prosecution Policies*

Most of the jurisdictions we visited had a mandatory or preferred arrest policy for domestic violence. These policies *require* police officers to arrest a perpetrator under certain conditions. In Minnesota, for example, state law gives localities the option of adopting a mandatory arrest policy.<sup>7</sup> State law also established standards for "probable cause" arrests.

Prior to these laws, domestic violence offenses were handled as misdemeanors--requiring a citizen's arrest which placed the burden on the victim, or as felonies--requiring that the arresting officer be present at the assault itself and that the assault be severe enough to warrant a felony charge. In a number of jurisdictions, misdemeanors require a citizen's arrest unless a police officer witnesses the crime. Thus, allowing police to arrest on probable cause has greatly improved the law enforcement response.

The level of charges in domestic violence cases varied across the sites. In California, for example, the statute is more harsh for domestic violence than for other types of assaults. Domestic violence assaults are felonies by virtue of being committed against an intimate partner, as opposed to other assaults which are misdemeanors. Recently, California further strengthened its law to include same sex couples in the domestic violence felony assault law. This is especially helpful in San Francisco where there is a large number of gay and lesbian couples. Prior to this change, the victim in a same sex domestic violence case would have to make a citizen's arrest. In Kansas City, on the other hand, most domestic violence cases are a violation of a city ordinance and prosecuted in Municipal Court. Recently, however, there has been a push to increase the number of domestic violence cases charged as misdemeanors or felonies.

Many prosecutors in this study have adopted pro-prosecution or "victimless" prosecution policies. In these cases, the prosecution will proceed with a case if there is sufficient evidence, regardless of whether or not the victim cooperates. Typically, decisions about whether to prosecute without the victim's cooperation are made on a case-by-case basis. Because investigations of domestic violence cases have improved, prosecutors are more likely now to have sufficient evidence for the case even if the victim is unwilling to testify. Prosecutors often work closely with the victim to try to convince her to cooperate. A number of prosecutors will subpoena a reluctant victim and some will even issue a body attachment (i.e., warrant for her arrest).

#### *Other Laws and Policies*

Protection orders are an important part of the response to domestic violence in many communities. However, there were some key differences across the sites. In Missouri the

statute is fairly broad and allows judges to address a number of issues including custody and child support as part of the order. A number of people viewed protection orders as a valuable tool in Kansas City. Protection orders were a weaker part of Baltimore's response, since they are restricted to people who are currently married, or who have lived together for 90 days over the past year, or who are related by blood, or who have a child in common. Thus, many intimate partners do not qualify for a protection order in Baltimore.

In recent years, there has been a push to increase the identification and reporting of domestic violence by health care providers. Some states have implemented mandatory reporting laws which require health care providers to report domestic violence cases. However, mandatory reporting laws make no difference unless agencies are able and willing to identify domestic violence. Other health care providers have adopted screening policies, even though they are not required to do so by state law. Issues raised by routinizing screening for domestic violence in health care agencies are discussed in Chapter 6. The health care response has also been influenced by broader policies in the health care system. For example, in Baltimore one person felt that the shift to HMOs for Medicaid clients adversely affected mental health services for battered women. This was reported to be an issue in San Francisco as well, where the move to managed care has restricted access to mental health services.

### **Removing the Burden From Battered Women**

The shift in laws and policies has reduced the burden on battered women for the legal response to domestic violence. As a result, the legal system moves forward on a case even when the victim is reluctant or unwilling to participate in the process. This has played a major role in changing the community response to domestic violence.

Many people agree that the responsibility for punishing a perpetrator of domestic violence should not rest with the victim. In fact, women in abusive relationships may be *unable* to take action against the batterer in some cases because of the dynamics of the relationship or the fear of further violence. However, in reality, there seems to be a fine line between removing the burden from a battered woman and taking away her control over the

situation. Communities and individuals within those communities draw this line in different places.

In general, there was widespread agreement about the importance of mandatory arrest laws. Most people interviewed for this study felt that the victim should not be required to decide whether the perpetrator will be arrested. Many respondents also agreed on the appropriateness of arresting and prosecuting without the victim's consent. In general, this was viewed as removing the burden from the victim, but not necessarily taking away her control.

Automatic issuance of stay away orders during criminal prosecution seems to be slightly more controversial. The use of protection orders during criminal prosecution is handled differently by prosecutors, even in two communities within the same state, as we saw in California. In San Francisco, one prosecutor routinely requests protection orders in serious felony domestic violence cases, even if the victim has not herself requested an order. In San Diego, however, prosecutors ask for a stay away order only if the victim agrees to it. The felt that issuing a protection order against the victim's wishes could put her in more danger, since victims may be at greater risk for further and potentially more violent abuse when they are trying to leave the abuser. Taking away a victim's control over the decision about whether to have contact with the offender could place her at increased risk.

Mandatory reporting of suspected domestic violence to police by medical personnel is another issue that was somewhat controversial among the individuals we spoke with. This takes away a woman's control over her situation and may make some women less likely to seek medical care. Battered women are sometimes forced to seek medical attention for their injuries before they are ready to address the domestic violence in their lives. Women using emergency rooms are likely to be in quite different circumstances than those seeking help from domestic violence service providers with respect to their understanding of the violence in their lives and their determination to do something about it. Any policy or program that does not carefully consider the implications of these differences is likely to run into trouble.

## **Holding Batterers Accountable**

Batterer intervention programs were part of the response in every site. Not so long ago, batterers were often given a symbolic slap on the wrist and instructions to “go home and work things out.” Mandatory probation and court ordered intervention programs have changed this in the sites that we visited. However, while offenders are put on probation and ordered into programs, assuring compliance with these terms is a very difficult task and something that many respondents across the sites would like to see improved.

### *Assuring Compliance with Orders*

*Assuring* compliance with orders takes a very high level of coordination in a system that is not necessarily amenable to coordination. Judges issue orders (sometimes with the input of probation officers, prosecutors, and victims) which must be monitored by courts or probation officers to ensure compliance. Batterer intervention providers and victims assist this process by reporting noncompliance to the appropriate person. Probation officers must inform judges about noncompliance and judges must issue warrants or additional orders that are enforced by the police. At any given point, this process can and does break down. If batterer intervention providers are not notified about the initial order, they cannot monitor compliance if the batterer does not show up for the program. Probation officers often have large caseloads that limits their ability to track cases as closely as they would like. Even if noncompliance is reported to the judge and a bench warrant is issued, police departments may be too busy to follow these warrants. The sites provided several different examples of approaches to ensuring batterer compliance. The effectiveness of these strategies varied considerably. While some sites are doing well, the majority struggle with compliance issues and how to handle cases more effectively.

The length of probation affects whether or not an offender is likely to fulfill the terms of probation. In Carlton County, the standard sentence for first-time misdemeanor offenders is one year probation. Offenders may have a multiple activities included in the probation period. Before attending batterer intervention programs, offenders may be required to complete substance abuse treatment, need services for severe mental health problems, or be assigned to parenting classes as well. It is often difficult for a batterer to fit all of these requirements into the probation period. Also, many offenders are aware that if they wait to

begin these activities, they can often get through the probation period without having to complete the terms because no one notices or takes action. Compliance is probably no higher than 10 to 15 percent in this site. In most of San Diego County, where only felony probationers are assigned a probation officer and misdemeanor cases are the court's responsibility, follow-up is also difficult and inconsistent. However, the standard sentence is three years of probation and the length of time was not mentioned as a problem in this site.

There were also several examples of a more successful approaches. In South Bay Municipal Court in San Diego County, one judge follows all criminal and civil domestic violence cases and compliance is very high (about 80 percent). This particular judge is very committed to the issue, however, he has recently been replaced. Depending on the level of commitment of his successor, batterers may or may not continue to be held accountable in such high numbers. In Baltimore, the F.A.S.T. probation unit has a much higher proportion of its caseload in violation of probation terms. Agents attribute this to the relationship they try to develop with victims. Often victims will call agents when an offender is in non-compliance. Also, because F.A.S.T. agents know the potential victim in advance, they feel compelled to report non-compliance and "violate" an offender sooner than they might otherwise. Northern St. Louis County also has a more effective system with: (1) two years probation as standard, (2) routine sharing between program providers and the courts (civil and criminal) of who has been ordered into a program, (3) routine monitoring of compliance by the program provider, (4) feedback to the courts and the courts' willingness to sanction noncompliance. As a result, compliance is usually over 80 percent for the batterer intervention program.

### ***Batterer Intervention Programs***

Even if batterers comply with court-ordered intervention programs, there is some question about the effectiveness of these interventions. Many intervention programs trace their roots to the Duluth model which is a combination of education and therapy, using an analysis of battering exemplified by the power and control wheel. Others alter the program's content or approach somewhat. Some programs focus on the educational component to the exclusion of the therapeutic component, and some research even suggests that batterers regress during the therapeutic component, especially if it is run like a group rap session in

which they all reinforce each other's justifications and rationalizations. Baltimore has one intervention program that is run by a local mental health center and that targets substance abusers who batter. Very little research has been done on batterer intervention programs, and little is known about their format, substance, or effectiveness. Most existing research does not demonstrate program effectiveness. There is widespread dissatisfaction in the field with the effectiveness of available models of batterer interventions. However, communities continue to use what is available, in the absence of anything better.

There were considerable differences in the programs across the sites. In the sites that we visited, programs ranged from 12 to 52 weeks in length. At one time, a provider in Kansas City allowed batterers to complete the program in a weekend. Some of the programs take an educational approach while others take an approach of confronting the batterers' belief systems. Some are facilitated by women (who may be former victim advocates), others are facilitated by former batterers or mental health professionals. Some providers have training in counseling or psychology, while others started in the field because of their strong interest.

As more models are developed and the use of batterer intervention becomes more common, some of the states and localities in this study are requiring certification of individual providers, programs or both. Moreover, the courts in many of these localities have developed a standard length of time for which they order offenders to attend intervention programs which influences standards for certification. These standards differ across states and localities.

### **Health Care Providers**

In recent years, health care providers have begun to implement procedures for addressing domestic violence in health care settings. This is particularly true in hospital emergency rooms, but is becoming more true in community health settings as well. The Joint Commission on the Accreditation of Hospitals (JACH) now requires emergency rooms to have a protocol for screening for domestic violence, but many emergency rooms still do not routinely do this. Understanding the recent changes in the health care response was one objective of this study and several sites were selected because of their efforts in this area.



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Many of the health sector programs in the study communities have been established within the past couple of years. Though these programs are relatively new and many are not fully implemented, this study provides some interesting examples of integrating health care providers into the community's response.

In four sites (Baltimore, Kansas City, San Diego, and San Francisco), some hospitals have formulated a response to domestic violence. Sinai Hospital in Baltimore has developed screening protocol and has staff to provide advocacy services to battered women identified by through the screening. In Kansas City, Truman Medical Center has teamed up with a local shelter to provide advocacy services to victims seen in the emergency room. In San Diego and San Francisco, hospital initiatives have grown out of the work of the Family Violence Prevention Fund. San Diego and Kansas City have programs located in children's hospitals to provide services to battered women with children.

Community clinics have also begun to formulate responses to domestic violence among their clients. In two of the sites (Baltimore and San Francisco) public health clinics have begun to develop domestic violence screening protocol, although they are not fully implemented in either of these sites. Unlike emergency room patients, community health clinic clients are not usually seeking treatment for injuries directly resulting from the abuse. However, providers may identify domestic violence during a routine physical or preventive health care visit. Battered women may also seek care from community clinics for depression, chronic headaches, back problems, or other conditions that may be related to the domestic violence. A practitioner who is trained and knowledgeable about available services, may be able to link the woman with domestic violence services much earlier than would otherwise be true. However, the woman may not yet be ready to use these services, which can be frustrating to the health professional. Baltimore's Healthy Start Program is also developing protocol to screen program participants for domestic violence.

## **CHAPTER 6**

### **OPPORTUNITIES AND FUTURE DIRECTIONS**

The communities we visited for this study are all engaged in an on-going process of network development and expansion. All have been “in process” for many years, although largely within the justice system. Many of the system improvements in these communities have enough of a track record for community members to be able to feel that they have accomplished the goals that were set for particular system changes (although incremental improvements are always possible). This is most likely to be the case with respect to changes in the criminal and civil justice systems. However, some of the more recent efforts to expand the response to domestic violence beyond the traditional justice and victim service agencies are still in the formative stages. Some of them are so “formative” that one is more likely to hear a list of problems and issues than a list of accomplishments when one talks about them with local stakeholders. We found these lists of problems and issues very informative, because they point to the frontiers of network expansion and what will have to be done if those frontiers are to be conquered. In this chapter, we share insights about issues communities may confront in developing more comprehensive responses to domestic violence.

#### **Missing Links and Windows of Opportunity**

An idealized system of coordinated community response to domestic violence contains many more components than are present in any real-world system that we visited (or probably in *any* real-world system). But many of the communities included in this study are making efforts to expand their network in a number of interesting directions that other communities might wish to follow. This section examines some of the issues that our six communities have encountered as they began to work toward greater inclusion.

#### *Health Care Providers*

It is now commonly accepted that health care providers encounter many women who experience battering, since women who otherwise do not seek assistance for the battering itself do seek health and mental health care for the physical and psychological damage caused by the battering, or they seek it for their children. It is also commonly accepted that

health care providers have often been unaware of or ignored the existence of the battering and its relation to illness or injury and possibly to the course of recovery and healing. Some health care providers, usually hospital emergency rooms and community health centers, are now beginning to consider their role in addressing domestic violence among battered women who come to them for treatment. Clearly, these providers have the potential to identify vastly more women experiencing domestic violence than currently come to the formal attention of the justice systems and traditional domestic violence services.

In Chapter 5 we presented many of the issues raised by extensions of domestic violence networks to include health care providers. Here we want to raise several additional issues, including: (1) whether, in addition to screening and identifying domestic violence, hospitals community health centers, and other providers should try to develop some internal capacity to counsel or otherwise help victims, or whether they should rely on referral networks; (2) what types of training might be appropriate for health care system personnel and who should provide it; and (3) the implications for types of services and approaches of the fact that many of the women identified through case screening in health care settings will not be ready to accept referrals to traditional domestic violence programs.

One of the key factors discouraging health care workers from implementing screening procedures for domestic violence is uncertainty about what they should do if they find it. If a community lacks resources to assist the newly discovered cases, or if the health care workers do not know of available resources and potential actions, they cannot refer new cases to appropriate sources of help outside their own settings. If the resources exist in the community, some of the difficulty can be overcome with training and education for health care workers. But, if the resources do not exist, or are in some ways inappropriate for the women whose situation is being discovered by screening in health care settings, health care workers may find themselves caught in a bind. One option is for health care workers to cooperate with current domestic violence service providers to help them expand their services in ways that would meet the needs of the women identified in health settings. As these services develop, referral could take place as usual.

An option other than referral is for health care settings to develop some level of internal capacity to address the needs of battered women. In hospitals this is likely to be limited to counseling in the immediate circumstance of having someone who screens in for battering. However, in community health center settings more extensive options are possible including running on-going counseling groups for women, as well as making individual counseling available and discussing options for legal and other types of action with the woman. Having health care agencies begin to set up their own services for battered women raises all kinds of questions and concerns, but also may offer women a greater range of options that may fit the circumstances and wants of some women better than the currently available array of services in agencies devoted exclusively to domestic violence issues. One important issue is the training and knowledge base of the health-based staff who would provide the additional services. It is important that they know a good deal about domestic violence patterns and issues, and also know a good deal about the life circumstances of the people they are likely to be working with. Who should provide the training, of what it should consist, how often it should be repeated, are all issues to be resolved.

A second important issue is what services should be offered. This issue includes the extremely touchy subject of what guiding philosophy or analysis of domestic violence should be used to structure the services and guide the information and advice given to women. In our site visits we found health care providers that were beginning to offer individual and group counseling for women who had been battered, some of whom, at least, were not interested in leaving their batterers. Nevertheless, they were interested in attending these sessions, and found it safer to do in the context of a health setting, where they could not be identified as seeking services for the battering (and they could tell their partner that they were going to the doctor, which was a destination acceptable to the batterer and therefore safe for the woman). To add further complications, community-based health care providers often serve ethnic minority populations who may feel more comfortable going to an ethnically compatible neighborhood service than going to an unknown battered women's service. The goals of these services include increasing the safety of the women participants, but not necessarily through the route of leaving the batterer, which is the implicit or explicit goal of most services specializing in helping battered women. It is easy to see that there are

many issues to be resolved, but also many opportunities to expand services to reach potentially large proportions of the population of women who experience battering but are probably unlikely, at least in their present situation and consciousness, to seek help from the formal battered women's network or from the justice systems.

### *Child Protective Services*

Several communities around the United States are beginning to focus on the overlap between child abuse and domestic violence, as reported in Aron and Olson (1996).<sup>2</sup> In Oregon, analyses of child welfare case records reveals that the presence of battering of the mother is the best predictor of *severe* child abuse, and also of very long stays in out-of-home placement. Clearly child safety is compromised in households where there is battering toward the mother, and some child protection agencies are starting to contact domestic violence services to work on some of the issues involved. Of the communities in the present study, only San Diego has focused on this issue. San Diego has a special unit combining probation officers and child protective workers that seeks to reduce the risk to children in households where the man is on probation for felony battering.

In this report we can only touch on a few of the most critical issues that have arisen in these efforts, and have selected those that appear to have the greatest likelihood of also being issues for other expansions of the domestic violence network. These include: (1) the conflicting goals and requirements of child protection agencies and traditional domestic violence programs and how each can learn to appreciate the role of the other; (2) understanding of the characteristics of the typical woman involved with child protective services who also experiences domestic violence, and how these might differ from the characteristics of the women most frequently seen by traditional domestic violence programs; and (3) understanding of the ways in which the batterers in child protection cases may differ from the average batterer seen in batterer intervention programs.

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<sup>2</sup> Some of the points made here are taken from the Aron and Olson study, which was a companion study to the present one.

There are many critical ways that the requirements under which child protection agencies operate **differ** from the procedures and assumptions of traditional domestic violence programs. Each needs to appreciate the pressures on the other if there is to be successful collaboration. Traditional domestic violence programs do not have to deal with the fathers of the children in families where battering occurs; child protection agencies do. Many traditional domestic violence programs turn away women with active chemical dependency or chronic mental illness problems; child protection agencies cannot do this. Traditional domestic violence agencies deal almost entirely with women who have voluntarily sought their services; child protection agencies usually deal with women who are being forced to confront neglect and abuse issues related to their children, and who may have no desire to leave their own batterers even for the sake of their children. Child protection agencies have a primary mission to assure the safety of the child; traditional domestic violence programs have a primary mission to empower the woman/mother and secure *her* safety from *her* abuser. Child protective services' determination that the mother "failed to protect" her children is seen by domestic violence workers as further blaming the victim, when the mother cannot protect herself either. In addition to all of these problems and issues, some evidence from batterer intervention program staff indicates that the men doing the battering in these complex partner-and-child abuse cases, when compared to the men typically seen by these programs, are significantly more dangerous, more violent in non-familial as well as familial contexts, less amenable to available intervention techniques, and more likely to show complete unconcern about the welfare of others.

Despite all of these initial differences and grounds for misperception and hostility, child protection and domestic violence workers in a growing number of communities are starting to develop ways to work together to address the issues of battering in child welfare caseloads. Domestic violence workers who have come to appreciate these differences sometimes reflect that close to the entire child protective services caseload consists of cases that look like "the hardest 1 percent of the women we have to deal with."

Child protection workers need to learn about the legal remedies that have been developed over the years to protect women from battering, so they have something to use in controlling the batterer other than the threat to remove the children from the home (which

may not be an effective threat). They need to learn how to deal with batterers and not become victims of threats and intimidation themselves. They need to learn how to deal with battered women in ways that do not put them in the same controlling and intimidating relationship to the woman that the batterer maintains, while still working toward assuring the safety of the children. They can get help with all of these from traditional domestic violence providers.

At the same time, the traditional providers must learn to appreciate the very different job demands that face child protection workers, the fact that there are many, many women experiencing battering, sometimes very severe battering, who need help but are not ready or willing to accept the particular form of help that they themselves currently offer, and that they can make an important contribution if they help the child protection agencies work out policies and protocols that try to respect everyone's rights and interests. The opportunity in this area is having both child protection agencies and traditional domestic violence services working together in an on-going collaborative relationship that has already produced more help for more women in the communities where these efforts have begun. In the long run, such a relationship will be much more effective than having both sides perceiving each other as the enemy and blocking attempts to improve the ability of child protection agencies to recognize battering and take it into account as they try to develop safety plans for children.

#### *Clergy and Community-Based Providers*

Within the domestic violence movement, religion has typically been seen as a vehicle for *keeping women in* battering relationships. Many workers in battered women's shelters have heard stories from women who first went to their clergy about the battering only to be reminded about the importance of marriage and of their duty to uphold it under all circumstances. In light of these experiences, it takes some bravery and determination for battered women's service providers to consider the role of the clergy in changing the climate of public acceptance for battering and in becoming known as a source of *supportive* pastoral counseling. Recognizing that clergy have a large potential audience for these messages and knowing that they had several sympathetic clergy to work with, Range Women's Advocates

in Northern St. Louis County has begun to explore avenues to reach clergy and bring them into the struggle on the side of ending violence against women.

RWA worked with three pastors to develop a day-long training session that began with an interpretation of Biblical scriptures that support respect for women and reject battering, and went on to detail the harm done by battering and ways that clergy could help end violence against women. These ways focused primarily on trying to change attitudes toward and acceptance of battering within their congregations by preaching on the subject, but also included ways to make themselves more approachable by battered women and more knowledgeable about services and supports that women could use in the community. Invitations went out to the more than 200 clergy in the entire community to attend one of three sessions held around the county. Nineteen accepted, attended, and emerged with considerably changed attitudes and a new determination to take the message further. One fundamentalist minister left saying he was determined to work with the other ministers of his acquaintance to convince them that even a literal interpretation of the Bible could and did support an anti-violence position, and he would try to get them to change their message to their own congregations.

At the same time, the three clergy originally involved in planning the workshops are continuing to develop ideas for how to work further with the religious community. Were other communities to experience equal or even greater success in recruiting clergy and religious communities to the cause of making the world safer for battered women, it could only contribute to changing the public's attitudes toward the acceptability of battering.

#### *Drunk Driving and Other Chemical Dependency Programs*

It stands to reason that if abuse of alcohol and drugs is heavily involved in many battering situations, the obverse is also true-many batterers will be found in large groups of alcohol and drug abusers. This overlap suggests a role for chemical dependency providers in a community's response to domestic violence.

The sites in the study provide a couple of examples of the involvement of substance abuse providers in addressing domestic violence. In Baltimore, for example, a nonprofit



substance abuse provider has operated an intervention program since 1992 for batterers who are chemically dependent. While this program focuses mainly on battering issues, the provider is aware of and sensitive to substance abuse issues among this population, and provides an intervention for chemically-dependent batterers who may be unable to participate in traditional intervention programs. The program also operates a women's therapy group for chemically-dependent women that includes discussion of domestic violence issues, which are prevalent among the participants. Despite this agency's interaction with battered women and batterers and its role in addressing domestic violence among its clients, it has limited interaction with other community agencies or organizations around domestic violence, except for the Probation Department. As one respondent characterized it, this agency is "not in the loop."

In Northern St. Louis County, judges hearing drunk driving cases automatically sentence offenders to chemical dependency treatment in addition to any fines or jail time they may receive. The same judges automatically include chemical dependency treatment when it is relevant in any protection orders or conditions of probation in domestic violence cases. The director of the chemical dependency treatment center in this community says her agency only knows whether people are court-ordered to treatment, not the primary reason they are there (drunk driving or battering). She also says she finds it very difficult to tell the difference; she knows that those in for drunk driving do a lot of battering, and vice versa. When questioned about whether her staff ever raise issues of battering in their groups rather than staying strictly to issues related to drinking, she said they do not, but began to wonder how this might be done and whether it could be done effectively or would backfire. The conversation raised the issue for us of whether there might be additional opportunities to intervene with batterers through these chemical dependency treatment programs.

### *The Business Community*

The business community offers another avenue to help reduce violence against women, both in their role as community opinion leaders and, for large companies, in their capacity as service providers through employee assistance programs, health insurance, and other benefits. In Northern St. Louis County, both Range Women's Advocates and the chief judge's Anti-Violence Council are beginning to work with business leaders to stimulate their

involvement in both of these ways. Baltimore's DVCC is funding a manual for employers on violence against women in the workplace to raise awareness about the issue in their community. In San Francisco, the Domestic Violence Consortium established Partners Ending Domestic Abuse, a group of professional women, to raise private donations for domestic violence. This collaboration resulted in \$40,000 in grants to Consortium member agencies in 1994.

Although not a part of this study, the director of the employee assistance program at a major corporation in New England has done several things to involve the business community in fighting domestic violence. He has developed and implemented model policies and procedures for his own company to help its employees affected by domestic violence; he has used his own company as a model to stimulate other major corporations in the state to develop similar programs; and he has challenged chief executive officers of major corporations to become publicly involved in the issue. One result is that each of the battered women's shelters in the state now has at least one major corporate sponsor.

### *Batterer Intervention Programs*

There are many batterer intervention programs in this country, but, at present, there is widespread uncertainty about their effectiveness in changing batterers in any significant way. Most of the research done to date bears out this lack of conviction at the grass-roots level. Many programs are based on principles derived from theories of battering, principally that battering is a manifestation of male power and control. Others are based on simple "anger management" or behavior control principles that treat battering in the same way they would treat fear of heights or smoking cessation. One promising program that has not been adequately evaluated bases its approach on object relations and attachment theories (Stosny, 1995). Some states have minimum requirements for the number of sessions in approved programs (California's is the longest, at 52 weeks); in other states judges order offenders into programs that are as short as one Saturday afternoon. One of our sites insisted that they knew of no "treatment" for batterers, since they had doubts that anything could really successfully change them. Therefore the best they could do was offer an educational component based on the Duluth model, but that still required batterers to examine and discuss their own behavior.

We include batterer intervention here as a huge gap, or opportunity, not because we have anything successful to suggest but because no community response can be truly comprehensive unless it includes the ability to change batterer behavior once the batterers are apprehended. Every community we visited expressed their frustration with this gap, whether they had ample intervention resources or not.

### **Issues Related to System Location and Commitments**

We have already discussed the issue of conflicting agency missions when we discussed the relationship of domestic violence services to the work of child protection agencies. These same kinds of inter-agency clashes occur in other combinations, and are likely to require similar willingness to work together as are needed in the child welfare area. In this section we want to focus on issues of coverage of the population of women who experience battering, and the likelihood of success of different approaches to different parts of this population. We also want to address issues of staffing and location of staff.

### ***Population Coverage and Approaches***

The population of women who experience battering is far greater than the group of women who seek help from the justice system or from battered women's services. In addition, traditional battered women's services have sometimes set conditions on whom they will help, especially in the shelter setting (e.g., turning away women with active chemical dependency problems). In addition, participation in the formal domestic violence network is limited to certain types of providers in some communities (e.g., in San Francisco, membership in the Domestic Violence Consortium is limited to agencies with a primary focus on domestic violence). These commitments of traditional services may leave a significant part of the population uncovered, not because they are unidentified but because they do not fit into, or will not fit themselves into, the available categories of help. As efforts continue to discover additional cases of domestic violence in health, welfare and other non-justice settings, the fit with traditional domestic violence services may prove more problematic, and lead to a greater need for both traditional domestic violence providers and all the "new kids on the block" to consider a number of issues including:

- Who can do what best;
- Who can serve whom best;

- How vital experience and ways of thinking about domestic violence can be preserved and transferred to new settings;
- How the experiences of women encountered in the new settings can stimulate renewed analytic thinking about underlying dynamics of battering and battering relationships ; and
- How the community service network as a whole can move toward an enriched array of services and supports that meet the needs of a larger proportion of women who experience battering than are now being served.

### *Staffing, Staff Location, and Staff Loyalties*

As communities seek to expand their response to battered women, more agencies and services become involved in dealing with the issue. This means that more people need to be trained, services and supports will begin appearing in locations where they have never been before, and the traditional domestic violence service providers will undoubtedly be challenged to develop and expand their activities and involvement.

As agencies begin to add capacity to address domestic violence issues, they may train their own staff, recruit new staff who already have domestic violence program experience, or both. Recruiting from within the ranks of traditional domestic violence service providers can quickly deplete these ranks and leave the traditional providers understaffed and feeling under siege. Asking traditional domestic violence providers to work with the new agencies to develop appropriate training packages is a productive option, but it requires the commitment of the agencies to ensure its effectiveness over time. It is frequently the case that the staff of the to-be-trained agencies have professional credentials that differ from the credentials of the traditional domestic violence programs, and oftentimes, professionals prefer to be trained by others with similar credentials. So it is not uncommon for traditional domestic violence program staff to be invited to help with initial training, only to be replaced with in-house staff once that staff has acquired a little experience. This approach may be prove inadequate in the long run, since it takes considerable time and involvement to learn to think differently about domestic violence cases. The initial superficial training may not accomplish the amount of change that is necessary and, with no on-going input from the traditional domestic violence service providers, little real alteration of standard agency practice will occur toward the battered women now likely to be seen by the new agency. One can see this happening in police, prosecution and court victim witness assistance programs,

where the focus of the program gradually shifts from a primacy on the victim's needs to a focus on helping the victim become the best witness she can be (in other words, the agency's mission takes precedence over the needs of the woman). Only in very aware communities which have a lot of experience can such a shift be prevented, as in San Francisco's District Attorney's office, where the Family Violence Project (a victim advocacy unit) was protected at its inception through a conscious policy to prevent such a shift in emphasis.

Another danger is that as mainstream agencies add the capacity to handle domestic violence cases, funding will shift toward them and away from the traditional domestic violence programs which also maintain a systems and individual advocacy component. Should this happen, it will have the effect of depoliticizing the issue and moving it toward being handled "professionally," as has happened to a large extent with rape crisis services (Burt, Gornick and Pittman, 1987). Defunding traditional domestic violence service providers may make mainstream agencies feel more comfortable, but this approach will probably have a long-run negative effect on the amount, nature, and quality of services community-wide.

### **Evaluating the Impact of Coordinated Community Response**

There are several levels on which these efforts to coordinate community responses to domestic violence could be assessed or evaluated. The first is similar to what we have done in this study—conduct a qualitative assessment of system change, system gaps, and system opportunities by talking to key stakeholders, understanding the history of actions in the community, and gathering everyone's subjective sense of how things have changed. Beyond such qualitative assessments, one could also articulate several goals that would have been the underlying motivation for coordinating efforts and see what types of data one would need before one could say with confidence that the goals had been achieved or performance toward them had improved. Among these motivations were the desire:

- to make the various systems work faster, better, more smoothly, and less painfully for victims;
- to assure that victims receive the services they need;
- to assure victim safety; and
- to assure that batterers are held accountable (arrested, charged, in compliance with court orders) and/or stop being violent, threatening, or otherwise abusive.

None of the communities we visited have data systems in place to gather information that would reflect progress toward any of these goals. The State of Minnesota will come close to one part of the first goal when its automated statewide court tracking system is in place (which either has already happened or is imminent). This system will let judges know about other pending and completed court actions (civil and criminal, all court levels) involving either of the principals in a domestic violence case, wherever such actions occur within the state. But even this system will not start with arrest or a protection order and follow the case through the system. Therefore it will not be possible to use the system to reflect on speed, proportion of cases reaching different stages in the system, or whether victims find the system to be “better for them.”

Several communities are working on developing new systems. In San Diego, the DV Council is developing a system to be used by victim services providers which would speak to the issue of getting victims the services they need. In Carlton County, a community council on non-violence involving law enforcement, criminal justice, advocates, and schools is working on a system where the first agency that comes into contact with a violent incident reports it on a standard form into a central data bank. This system would cover both domestic violence and other forms of violence, and would serve to document levels of violence in the community, of various forms, known to any agency participating in the system. To our knowledge, none of the communities we visited did systematic assessments of victim satisfaction with services, of victim safety after system contact, or of the effectiveness of batterer intervention programs except by batterer self-report.

Clearly, the status of data gathering and evaluative information in these communities indicates massive gaps. The development and distribution of even minimal performance monitoring protocols for these systems would be an extremely useful contribution to communities seeking feedback about whether their efforts are having the desired effects, and certainly to assure that they were not having perverse or negative effects.

## **CHAPTER 7**

### **SUMMARY AND CONCLUSIONS**

This study describes how six communities have brought about changes in their response to domestic violence, largely within the justice systems. It provides several examples of how these communities have begun to move beyond the justice systems to incorporate a broader number of organizations and stakeholders into their response to domestic violence. The findings illustrate how different approaches have developed based on each community's characteristics. A number of factors, including the history of coordination, resources, and even individual personalities, can all influence a community's effort. There is no single model of a coordinated response that will succeed in every community. In addition, many of the efforts to expand a community's response beyond the justice systems are relatively recent and, in many cases, are still developing. While the findings of this study do not provide definitive answers about the best approach to a coordinated response, they raise a number of important issues for agencies and stakeholders within a community to consider. This chapter highlights important issues for the community and for the individual organizations within the system-criminal justice agencies, domestic violence service providers and advocates, health care and substance abuse service providers, businesses, and other agencies and stakeholders.

## Issues for Criminal Justice Agencies

### Issues for Criminal Justice Agencies

- Formulate a response at each step in the process
- Make the response standard and predictable
- Define roles to involve the victim and ensure victim safety
- Allow staff to specialize in domestic violence, but also improve the response agency-wide

#### *Formulate a response at each step in the process*

The overall impact of the criminal justice response 'is only as strong as its weakest link. For example, a strong police response does little good if prosecutors do not move forward on the cases, judges do not sentence offenders to interventions, and probation does not assure compliance. In order to bring about systemwide changes, a community needs to raise the consciousness of each agency about their role in addressing domestic violence and how this role interacts with and affects the ability of other agencies to respond to this issue. A strong community response to domestic violence requires that each part of the criminal justice system has appropriate policies that are followed in practice. In many of the communities in this study, individual agencies developed their policies through discussions with other justice agencies and domestic violence service providers to ensure that the policy was appropriate and compatible with other agencies' procedures. Establishing this rapport may be difficult in communities where relationships among justice agencies or between justice agencies and domestic violence service providers are not well-developed or even, at times, antagonistic. However, the interaction among these agencies in the study communities was an important part of the process of developing a coordinated response.

#### *Make the response standard and predictable*

Consistency in handling domestic violence cases is important to ensure that victims are protected, batterers are punished and that no one falls through the cracks. Improvements that rely on behavior and attitude changes on the part of a few people working within the criminal justice system are unlikely to improve the response systemwide



and may not be sustained over time. Agencies must adopt policies and procedures that ensure that everyone responds appropriately in every case, and reinforce these changes through ongoing training. Across the sites, many people stressed the importance of this predictability in making battered women feel safer and making batterers more aware of the likely consequences of their actions.

*Define roles to involve the victim and ensure victim safety*

Criminal justice agencies' primary focus traditionally has been on the perpetrator of domestic violence. It is possible that actions within this focus can *increase* the risk of harm to the woman. Domestic violence is characterized by an ongoing pattern of abuse and criminal justice agencies can change to include a concern for assuring the victim's safety in addition to addressing the perpetrator's actions in a particular incident. These agencies can play a role in assisting the *victims*, and increasingly they do so. However, this shift often requires persons working within these agencies to rethink their roles and responsibilities in responding to domestic violence cases, and may be helped along by training on domestic violence issues. Some communities have adopted policies that include attention to the victim as a standard part of their response. For example, it has become standard practice in some jurisdictions for police departments to provide information to the victim about her rights and available resources. In some communities, police and probation also follow up with a victim, giving her a source of support, serving as a resource for her, and, through these actions, improving their ability to carry out their law enforcement roles.

*Allow staff to specialize in domestic violence, but also improve the response agency-wide*

Working in the area of domestic violence is not for everyone. Many people become frustrated trying to hold the batterer accountable through the criminal justice process when the victim is unwilling to cooperate or remains in the abusive relationship. It is important to have people dealing with these cases who are aware of and sensitive to these issues, and do not turn their frustrations back on the victims.

While specialization can improve the ultimate response to domestic violence, it is often not sufficient by itself. Even with specialized staff for domestic violence, others in the

agency still come into contact with domestic violence victims and issues. Training and policies should support an effective response by *everyone* in the agency.

### **Issues for Domestic Violence Service Providers and Advocates**

#### **Issues for Domestic Violence Service Providers and Advocates**

- Stay active and involved
- Be inclusive
- Keep thinking about the best ways to help

#### *Stay active and involved*

Any community interested in expanding its ability to meet the needs of battered women needs to draw on the extensive knowledge and experience of traditional domestic violence service providers and advocates. However, in some communities relationships between traditional providers and other agencies in the community are strained and distrustful. Since traditional domestic violence providers have, in many communities, struggled with limited resources for many years, they may view with suspicion the interest of other public and private agencies in getting involved in domestic violence services. They may fear that funding will shift to these more mainstream agencies once they receive a little training, or that the traditional providers will be expected to compromise their principles in some unacceptable ways if they work with these agencies. Many turf issues may arise.

However, the experience of traditional providers and more mainstream agencies in the communities we visited suggests that both have a great deal to benefit from true collaborative work that includes discussion of and agreement on shared goals, appreciation of the roles that each can play in reaching those goals, and an understanding that it will take all of the agencies working together to reach the whole population of women experiencing battering. If they do not already do so, traditional battered women's service providers need to build relationships with providers of other services or representatives of other community

sectors. In the process, domestic violence service providers can learn to appreciate the goals and constraints of other agencies and how their talents and skills can complement and augment other service providers. Traditional domestic violence service providers can develop ways to work with other agencies to translate their knowledge from extensive experience into policies and procedures that other providers can understand and follow.

Traditional domestic violence service providers can also benefit from this interaction by learning from other agencies about their clients, their legal and policy constraints, why they do what they do, and how you can both help women in different ways. It is important for traditional domestic violence service providers to stay in the discussions, and not to withdraw. It is possible that traditional domestic violence service providers and other agencies can work out some co-location or other cooperative service arrangements that keep all of their agencies growing, or a system of cross-referrals that takes advantage of all of their strengths.

### ***Be inclusive***

If they do not already do so, traditional battered women's service providers should recognize that their agencies do not serve every woman who experiences battering in their community, and that others might have something to contribute toward making services and supports more available to all women who need them. It is important to try to think of ways to involve ever more sectors in the work of ending domestic violence, and to work with them to define and reach mutual goals.

### ***Keep thinking about the best ways to help***

The anti-violence against women movement, including activism to stop both sexual assault and domestic violence and to aid their victims, grew out of the activist feminism of the early 1970s (see, for example, Koss and Harvey, 1991, Chapter 4 with regard to anti-rape activism). The feminist roots of the movement account for its examination of cultural assumptions that support battering and its analysis of ways in which social institutions, including the criminal justice system, incorporate and support those damaging assumptions (see Dobash and Dobash, 1979; Greenblatt, 1985; Saunders et al., 1987; and Yllo, 1983).

During the early years of the anti-violence movement, every day's contact on hotlines and in shelters with women experiencing battering brought new ideas and new challenges to try to understand what was happening to these women and how to help them. These ideas led anti-violence activists to challenge the traditional behaviors of societal institutions. They tried (and still try) to bring about change to make the institutions protect battered women rather than ignoring their needs or even denying the appropriateness of their requests for help. The ongoing need for this is apparent when we note that even today, in some jurisdictions, police departments continue treat a domestic violence incident as a private interpersonal dispute to be settled rather than as a crime for which evidence needs to be collected and charges made. In a number of domestic violence incidents, arrests are not made, cases are not taken through prosecution, charges against the same man are reduced, and penalties in the cases that reach conviction are often minimal. These difficulties still arise even in some of the model communities we visited.

However, while the role of advocate for battered women toward the official systems through which they must pass is still relevant, in many communities traditional domestic violence providers and advocates have learned how to work with representatives of the key public systems to improve the treatment of battered women. As they have done this, they have had to keep thinking in order to develop effective ways to get their message across and to get its implications accepted by justice and other agencies. They have had to learn about the constraints and requirements of these agencies, to appreciate the jobs that these agencies are mandated to do, and to help the agencies modify their behavior to be more supportive of victims in ways that complement the agencies' completion of their own primary tasks. Doing so has taken some creative thinking; the need for such thinking is just as great as new agencies are brought into the network of services that seek to help battered women.

The challenge for traditional domestic violence providers and advocates is to use their background, knowledge, and motivation to extend current understandings to an even deeper level as they encounter women in circumstances where they are not yet ready to seek help from the network of traditional domestic violence services. These new understandings must then be applied to helping the agencies serving these women (e.g., health care, child protection, or substance abuse agencies) to incorporate a concern for domestic violence issues

into their standard practice in ways that support the women and further their safety and well-being. Possibly the women need to move some in their attitudes and motivations toward a commitment to live violence-free. But equally likely, today's providers also need to move some in thinking about how they can serve and support this part of the battered woman population. The best results will probably come from creating new services informed by a blend of the best elements of professional orientation (from the new agencies) and social critique (from the domestic violence advocates).

### **Issues for Health Care Providers**

#### **Issues for Health Care Providers**

- Be aware that women may not be ready to address the domestic violence in their lives
- Provide services and resources to back up screening and reporting policies

*Be aware that women may not be ready to address the domestic violence in their lives*

Medical providers reach some battered women who do not come into contact with other service systems (i.e., criminal justice and domestic violence). However, many battered women come into contact with the health care system because they *require* medical attention for their injuries, not because they have sought help for the domestic violence. Battered women seen by health care providers may not be open to an intervention for the domestic violence at that time. However, support and referral information provided in health care settings may be a first step in helping battered women move toward addressing the violence in their lives.

*Provide services and resources to back up screening and reporting policies*

Screening and reporting policies by themselves are unlikely to accomplish a better response for battered women if they are not part of a larger effort to serve the victim. Providing resources and services for battered women identified through these efforts offers

an incentive for providers to be more aggressive in their screening efforts. In setting up these services, health care agencies face the decision of whether to provide services to battered women “in-house” or to refer their patients to outside agencies. The sites in this study provide examples of both approaches.

### **Issues for Other Agencies and Stakeholders**

#### **Issues for Other Agencies and Stakeholders**

- Understand the extent of domestic violence among your own clients
- Determine which agencies can do which services best
- Determine which agencies can serve which women best
- Commit your agency to using the expertise of traditional domestic violence providers, both initially and on an ongoing basis

#### *Understand the extent of domestic violence among your own clients*

To begin to address domestic violence among its client population, an agency must first develop screening protocols to identify women who experience battering, and then decide the circumstances under which they will use these protocols. An agency could, for example, decide to use the protocol for every case seeking services of any kind, or any person encountered by the agency (if it is not one where clients come voluntarily). This is the approach of some child protection agencies, and it is the approach that the Joint Commission on the Accreditation of Hospitals requires of all emergency rooms (although this is not always followed in practice). Alternatively, an agency could decide only to screen clients seeking particular services (e.g., those coming to the emergency room of a hospital, but not those coming to a variety of other clinics or seeking other services), or clients exhibiting certain patterns of injury or explaining their injuries in unconvincing ways. The only real way any agency will come to understand the full scope of domestic violence in its clientele is to **screen** everyone, at least at the beginning. It may become clear as the evidence collects that some degree of targeting would be almost as efficient, but any decision to limit screening would then be based on facts rather than on assumptions.

*Determine which agencies can do. which services best*

To formulate a broad coordinated response, a range of agencies in a community must work together to identify agency service strengths and weaknesses, as well as complete gaps in the system of available services. Then, these agencies must work out arrangements whereby agencies agree to provide services that they are best at, and to develop and use an efficient and effective referral system to get clients to the best agency to help them. Agencies must also work together to decide which agencies should assume the task of developing new services to fill identified gaps.

*Determine which agencies can serve which women best*

The previous discussion raised issues about identifying which types of service each of the agencies did best. In addition to thinking about these types of skills, it is also important to think about where women are most comfortable going, and the context in which they will be most likely to accept and benefit from services. This is particularly pertinent for ethnic and language minority women, who may be best served by agencies in their own communities or that serve primarily women from their ethnic or cultural background. The goal should be that any agency to which a woman turns for help, or which identifies a woman as needing help, should be able to help her without having to send her somewhere else where she may feel culturally alien, or where she may not be ready for the types of services available.

*Commit your agency to using the expertise of traditional domestic violence providers, both initially and on an ongoing basis*

It is important for agencies to recognize that there is a lot to know about working with domestic violence victims, and that using the available expertise of domestic violence providers and advocates can result in better services and save them some needless mistakes. It can also help their staff to feel safe, avert burnout, and learn how to apply abstract principles in concrete cases. At the same time, working together can create new allies rather than perpetuating old antagonisms. In many of the situations we learned about on our site visits, agencies that joined forces with the traditional domestic violence providers found that both grew and learned useful things in the process that improved agency practice in both agencies to better meet the needs of clients.

## Issues for the Community

### Issues for the Community

- Recognize the roles of all community members

### *Recognize the roles of all community members*

A community's response to domestic violence should take into account the fact that not all battered women come into contact with or seek services from any agencies. To address the needs of all battered women requires a response that includes every member of the community. In this way, a community's response may have an impact on even the most isolated battered woman. Raising the community's awareness and reshaping social norms around this issue so that *everyone* plays a role in condemning domestic violence and supporting battered women is the critical basis for widespread and permanent changes. Widespread education and prevention activities were used in some of the study sites to involve the larger community in the response to domestic violence. San Francisco even developed culturally-appropriate messages to mobilize particular ethnic communities to take action against domestic violence. The efforts are an essential part of a coordinated response. The ability to respond to domestic violence is not limited to service agencies and providers; clergy, employers, and neighbors can and should all play a role.



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